ABRIDGED REPORT OF

The Hunterian Oration.

Delivered at the Royal College of Surgeons, on Feb. 14th,

BY HENRY POWER, M.B., F.R.C.S. ENG.

MR. PRESIDENT AND GENTLEMEN,—By common consent John Hunter is placed at the head of the English school of surgery, and has now for nearly a hundred years been justly regarded as one of the foremost men in any country who have devoted their lives to the practice and improvement of this special branch of knowledge. He stands pre-eminent amongst the surgeons of all time for the originality and independence of his mind, and for the breadth and precision of his professional attainments. Many of his predecessors were skilful anatomists, many were excellent pathologists, many were experienced surgeons; but to a knowledge of the subjects they taught and practised not inferior to that which they possessed he added other, and perhaps even still higher, qualifications for the successful advancement of surgery—the gifts and faculties of an experimental physiologist. Not contented, like them, with the mere examination and record of curious and exceptional facts and cases,—which, however, he by no means neglected when they fell under his observation—he felt the full importance of the study of the common events of daily practice, and saw how much might be learned from them. Upon these he constantly reasoned and pondered; these he discussed with friends, and endeavoured to elucidate and explain. When difficulties arose, he questioned Nature with ingeniously devised experiments; and so pursuing that method of induction which was inculcated by Bacon and practised by Newton, as affording the best and surest means of penetrating her hidden secrets, he was enabled to establish principles which have not only received general acceptance from his successors, but have since his time constituted the very foundation of surgery, and the application of which in practice has contributed more than the work of any other man to raise surgery from a mere handicraft to the dignity of a science. Arago, speaking of James Watt, said that in the writings and in the models of that great inventor the germs might be found of all the improvements that have since been made in the construction of the steam engine; and so it may be said that nearly all the advances that have been made in surgery since the time of John Hunter may be found foreshadowed or suggested, or actually adopted, in his writings, experiments, and practice. To no other surgeon is paid the high honour we this day accord to his memory; but it is right that it should be assigned to him, for just as the intelligent pursuit of medicine dates from the time when Harvey, in whose praise an annual oration is delivered in our sister College, demonstrated the truth of his theory of the circulation, so a new era may be said to commence in surgery from the time when Hunter began to observe, to experiment, and to teach. His career has been so often told from this place that it is unnecessary I should do more than recapitulate the leading events of his life, chiefly for the purpose of reminding the younger members of the profession, and for their encouragement and example, how modestly and with how few advantages he started in life, how sedulously he worked, and how the great position to which he attained was the result of his wonderfully sustained and well-applied energy and of his indomitable perseverance.

Like Goethe's, Hunter's mind was many-sided; and whilst some, in the long course of years that have rolled by since this festival was instituted in 1811 by Baillie and Home, have extolled his surgical knowledge and attainments, which he would himself have felt to be the end and aim of all his work, others have regarded him with equal reason as a brilliant comparative anatomist, and others again have dwelt upon the services he rendered to pathology. All these aspects of his work have been well and thoroughly illustrated, but I think it may be both interesting and instructive to consider him as an experimental physiologist, and to show the bearing his efforts in this direction had upon his practice. He was born on or about the anniversary of this day in 1728, just ten years after his brother William, at Long Calderwood, a farmhouse about eight miles from Glasgow; and as it is always interesting to see the surroundings at the commencement of life of those who have subsequently played an important part in the history of their profession, because the memories which cling to our earliest impressions insensibly but profoundly influence the mind, I made a pilgrimage last summer to see the place where Hunter spent the first seventeen years of his life. The way to it from Blantyre lies through a straggling village, and then through pleasant lanes. The house which William Hunter once said, when walking with Cullen, *As* would make conspicuous, though the associations are chiefly with John Hunter, is situated on the brow of a hill in undulating country, and commands wide prospects to the north and east, suggesting not so much cool and refreshing breezes as a nipping and an eager air through many months of the year. It is quite isolated, and is almost, yet not completely, out of ear-shot of the railway whistle, and almost yet not quite out of view of the thousand giant stalks of the great city to the north. It stands a little removed from the road-side, with a strip of garden and some old sycamores in front, a porch with Scotch roses and honeysuckle climbing over it, and—what would have gratified Hunter's eye—house martins building under the eaves and in the angles of the windows. On entering, a flight of deeply-worn stone steps leading to the upper rooms confronts the visitor; whilst running to right and left is a narrow passage, the right opening into a parlour, the left into a kitchen. The parlour is remarkable for having a deep recess in the wall like a berth on board ship, and was doubtless used as a bedroom. The room above it was formerly a granary. Behind the main building are various outhouses for housing cattle, as it is now a dairy farm, and these are evidently of recent construction. In Hunter's time it must have been a quiet, unpretending, yet substantial farmhouse, with fields around it in which the lad might play and pursue the usual sports of youth, and so develop a strong and healthy frame fitting him to bear the strain and stress of a life of incessant activity and severe mental toil. From his own account it appears that he acquired little knowledge as a boy, but was strongly disposed to natural history pursuits. He wanted to know about the clouds, the grasses, and why the leaves changed colour in autumn. He watched the ants, bees, birds, tadpoles, and caddis-worms. He pestered people with questions about what nobody knew or cared anything about. At the age of seventeen he repaired to Glasgow, where he worked for three years as a cabinet-maker, no bad apprenticeship for a surgeon.

In 1748 he left Glasgow, and, probably excited and allured by his elder brother William's success as an anatomical teacher, came to London, where he at once commenced the study of anatomy and of surgery. Anatomy he pursued with diligence in his brother's dissecting-room; while his first introduction to surgery was under the auspices of two excellent masters, Cheselden and Pott. Cheselden, the pupil of Cowper the anatomist, and himself well versed in anatomical knowledge, was then the leading surgeon in London, and was renowned for his operation for artificial pupil, and for both his high and lateral operation for stone, his dexterity in performing the high operation being so great that, according to the testimony of a French author, he in one instance effected the removal of the stone in fifty-four seconds. He was then, amongst other appointments, surgeon to the Chelsea Hospital, where Hunter attended his lectures, and he soon afterwards died (1752).

Percival Pott was surgeon to St. Bartholomew's, and was at that time engaged in making those observations in surgery which rapidly led to success in practice, and have become classical in surgical literature. Whilst willingly conceding that by far the largest portion of Hunter's education was conducted in St. George's Hospital, where he entered as surgeon's pupil in 1754, it is a pleasure to every Bartholomew's man to think that some part at least of his surgical knowledge was gained in their hospital, and that he had the opportunity of seeing the sound practice and hearing the appropriate language which distinguished the practice and lectures of Percival Pott, and of thus profiting by that combination of skill and eloquence which seems to have been handed down, like the mantle of the Prophet, through Abernethy, and Lawrence, and Paget, till it rests with graceful ease upon William Savory. At St. George's Hospital he became in due time house surgeon, continuing his dissections,

and even at that early period of his career making some experiments on the blood, to which he many years after referred. He now began to teach as well as to study anatomy, and devoted himself with so much assiduity to this work in William Hunter's school, and to the pursuit of comparative anatomy, that in the year 1758 he broke down with pneumonia and retired from London; but an opportunity occurring in 1761 of making himself familiar with military surgery, he embraced it, when thirty-three years of age, and accompanied the expedition to Belle Isle, and subsequently campaigned in Spain, and returned with two hundred specimens of beasts, lizards, and snakes, the foundation of the present museum. Soon after his return from Spain in 1768, he was appointed, at the age of forty, surgeon to St. George's, and in this hospital he died in 1793, at the age of sixty-five, from sudden failure of the heart's action. We have no record of the precise course of study he pursued or what books he read, but I am much mistaken if he did not guide and supplement his dissection by the then recently published "Anatomy" of Cheselden, whilst the small volume entitled "Fundamenta Physiologiæ" of Hoffmann, published about the same time (1746), would supply him with a succinct account of the chief facts that were then known in physiology, and perhaps at a little later period this translation of Haller's First Lines. The study of anatomy was not in those days an easy matter in any country; accordingly, on the principle that the estimation in which any object is held is enhanced by the difficulty of obtaining it, it had been prosecuted with extraordinary ardour by a succession of remarkable men. The difficulties arose in part from the jealously guarded rights of privileged bodies like the barber surgeons, to whose censure for dissecting without permission even so great a man as Cheselden, at the commencement of his practice, found it expedient to bow,[1] and partly from the repugnance of the unprofessional classes, both in foreign countries and in England, to the examination of the human body after death, which led to surreptitious methods of obtaining subjects, and to secrecy in dissection, whilst there was complete absence of proper accommodation. This difficulty seems to have always existed. Vesalius, who 200 years before, whilst yet a lad of twenty-two, had revolutionised anatomy by correcting many of the errors of Galen, who was taught, it is said, the whole of the then known anatomy by his master, Jacobus Sylvius, in three lectures, and whose anatomical plates are reported to have been drawn by Titian and Stephanus of Calcar, had to practise dissection on the field of battle. The whole contents of the anatomical museum at Basle then consisted of one much-prized male and one female skeleton. Long afterwards, the Emperor Frederick II. issued an edict that in Sicily the dead body of a malefactor should be dissected every fifth year, and that to its solemn examination the surgeons and physicians should be convoked from the whole empire. In Austria, these difficulties were still so great at the commencement of the last century that Managetta, the professor of anatomy in Vienna, when charged with neglect of the duties of the anatomical chair, exculpated himself by declaring he had not had the opportunity of dissecting a single subject throughout the session. In France, Haller narrowly escaped the galleys for conducting private dissections; and Jean Méry, who was for twenty-two years the ornament of the Hôtel Dieu, and who was one of those who most resembled Hunter in the extent and variety of his knowledge, was reduced by the prejudices of the day to steal an occasional subject from the deadhouse, and to keep it in his own bed during the day that he might dissect it at leisure by night. Dr. William Hunter states that in his earlier years no dissections were performed by students, and that one or two bodies were sufficient for demonstrations. The nerves and vessels were shown in a fœtus, and dogs were used for surgical operations. He learned, he says, more by the ear than by the eye. How could surgery prosper under these conditions? There was, indeed, one favoured spot where anatomy could be prosecuted without molestation. At Leyden, then one of the leading universities of Europe, to which, instead of the Italian universities of Pisa, Bologna, and Padua, students flocked because permission to dissect the human body had at length been conceded by the authorities, Albinus represented anatomy. Albinus, who, continuing the work of Vesalius (1514-1564), Eustachius (1510-1574), and of Fallopius (1523-1562), who is sometimes called the creator of descriptive anatomy, whose collection of specimens first stimulated William Hunter to make a museum, and is thus the precursor of our own, had just completed his splendid Atlas of the Anatomy of the Bones and Muscles, the preparations for which had been made by his own hand, whilst the beautiful plates were executed with unsurpassed fidelity by the intelligent Vandelaar. But even here the well-known and splendid painting of Tulpius by Rembrandt shows, like the frontispiece to Vesalius's work, the master dissecting and demonstrating, whilst the pupils only inspect. In England there had been a devoted band of anatomists, whose names, like those of Glisson (1597-1677), Lower (1631-1691), Wharton (1610-1673), Highmore (1632-1685), and Cowper (1666-1709), still cling to the parts they particularly described, and whose example stimulated the younger men to seize such opportunities as chance afforded them for the study of anatomy.

Rough and imperfect as the teaching and knowledge of anatomy was, physiology was in a still less satisfactory condition; so little was known that, though courses of lectures were nominally given upon it at every university, it was clearly regarded as a subordinate subject, in England it was scarcely taught at all. Sir Henry Acland does not believe there was any physiology taught at Oxford at the beginning of the last century. At Cambridge, Sir George Paget informs me that such physiology as was known was taught by the professor of anatomy, the professorship in that subject having been instituted in 1707, when Rolfe was elected, followed by Morgan (1728), Cuthbert (1734), Bankes (1735), Gibson (1746), Collignon (1753), and Harwood (1785), whose lectures certainly included physiology, as did those of Clark and Humphry. In Edinburgh, I am told by Sir William Turner, instruction in the subject of physiology was included in the duties of the chair of the Institutes of Medicine together with pathology and therapeutics. In Hunter's time that chair was occupied by Robert Whytt, elected in 1747, and then by Cullen, Gregory, and Duncan. Whytt used "Boerhaave's Institutiones," and Gregory and Cullen lectured alternately on each other's subject. In Dublin, according to Dr. Aquilla Smith, who tells me he is the last of the resurrectionists, who actually did with their own hands rob churchyards, lectures on anatomy were first given in 1710, and a university anatomist was first appointed in 1716, who probably gave some physiology, whilst the King's Professorship of the Institutes of Medicine was founded in 1786. In France it was taught in the Faculty of Medicine by one of the professors, taken in rotation, who each gave a few vague commentaries upon Hippocrates and Galen. In Germany, however, even at the beginning of the century, it formed a part of the courses of three great men—of Boerhaave at Leyden, of Stahl at Berlin, and of Hoffmann at Halle; but it must have constituted a very small part of their lectures, for Boerhaave, the genial physician of Leyden, for whom the whole city illuminated her windows to express joy at his recovery from severe illness, gave lectures also on chemistry, botany, materia medica, pathology, surgery, and ophthalmology; whilst Stahl delivered lectures on botany, physiology, pathology, materia medica, dietetics, and medicine, and Hoffmann as many more. But if the number of subjects taught by such men was great, it must be remembered that the facts they could communicate in each were comparatively few, and those who are tempted to read their books as a gauge of their oral instruction will find much that is irrelevant, much that is purely fanciful, many quotations from older writers, both in medicine and surgery, and many accounts of special cases. It is noticeable in Hunter's lectures that details are rarely given. He gives general statements and enunciates principles, but only exceptionally the cases on which his views were founded. Even after careful perusal of the writings of the older physiologists it is extremely difficult for the modern reader to see things with their eyes, or to understand the language they employed. No better example could be given than the whole subject of heat, whether regarded from a physical point of view or its manifestations in plants and animals. Its origin being unknown was the source of endless controversy and of the wildest theory. By some it was thought to be an elementary substance, by others only a property. It was generally taught that the body obtained its heat from the blood, which, again, derived it from the heart, or, as one asserted, from the septum ventriculorum; whilst others derived it from a process of fermentation, and others, again, from the meeting of bile with lymph.

[1] See South's Memorials of the Craft of Surgery, p. 233, note 2.

[2] Fundamenta Physiologiæ, p. 107.

Hoffmann, writing in 1735,[2] says: "The circulation of blood is the cause of heat in our bodies, which consists in the violent internal agitation and attrition of their sulphureous particles against the more solid parts, in consequence of which the æther is thrown into rapid hot movement," an explanation which, however obscure, has this good point about it—that it recognises heat as motion or as the outcome of motion. Nothing shows more clearly how correct views in physiology are essentially dependent upon a sound basis of physics and chemistry. What could the physiologists do but wander hopelessly, when the conception generally entertained by the chemists of the process of combustion was that it consisted in the separation of phlogiston from the pure metal? It required the united and successive labours of Black, Cavendish, and Lavoisier to bring light into this darkness, and, by their reliance on the balance, not only to explain the nature of heat, but to render chemistry one of the most exact of all the sciences. As an experimental science, physiology could not then be said to exist; but the appearance of Haller's great work was an epoch in physiology. With incredible industry he had laboured in the dissecting-room for many years, and had made innumerable experiments; whilst, with the extraordinary bibliographical knowledge which seems natural to every German, he had gathered together the opinions and the most trustworthy statements of his predecessors, and had arranged them in most orderly fashion, calmly discussing their several views and opinions, and ending by the expression of his own. Like Linnæus in botany, he made order out of chaos, and it may be fairly said that there is not a single book on physiology which does not bear the impress of his mind in its arrangement and the facts it contains. Hyrtl, with a touch of humour, says that, were any living physiologist to be asked who was the first and greatest of physiologists, he would unhesitatingly reply, "I am the man"; but, if asked who is the second, would as instantly answer, "Haller."

We have seen that Hunter's student career was unusually protracted for that period, for he began work in 1748 and did not complete his house surgeoncy till 1756–57, having thus been seven or eight years engaged in study, though it must be admitted that he went to Scotland for a year or more in the middle of this period. This is surely worthy of note. The facts he had to learn in anatomy and physiology were comparatively few, whilst surgery was chiefly taught in a practical fashion. Yet he took eight years to learn his profession. How little was required to be known to pass the examinations of those days is familiar to the readers of "Roderick Random," where the candidate was asked the rules of trephining, what he would do in a case of amputation of the head, and in a contusion, and, finally, in a wound of the intestines; whereupon the examiners fell to loggerheads, and at the end of the dispute Rory escaped with his diploma. An account almost equally amusing is given by Corrigan, who actually heard an examiner say to the candidate, "I will sign your certificate if you will take your oath you will only apply a poultice, whatever your patient may suffer from, from the time of your stepping on board ship to the time of your landing." There can be little doubt that the central defect of our present system of education lies in the very short period at the disposal of the student for the acquirement of his professional knowledge. It is not in the multiplicity of subjects he is expected to know, for they have all a direct bearing on his future work, nor is it in the thoroughness and minute accuracy with which he has to learn many apparently unimportant facts in anatomy and physiology, in histology, in medicine, surgery, and midwifery, because these collectively form the basis of his future work, and it is difficult, if not impossible, to say that this will and this will not be serviceable in practice; nor is it even in cramming, because, though infinitely less satisfactory than work in the dissecting-room, the laboratory, or the wards, yet even cramming cultivates some qualities of the mind, as memory and attention. No, the real defect of our modern system is the far too brief period during which the student is expected to develop from a schoolboy into a doctor—nay, to become a *homo doctissimus*. It is not too much to say that every lad who enters the profession should have already had a fair training in chemistry, mathematics, physics, and elementary biology, so frequently is some acquaintance with these subjects demanded in physiological research and in medical practice. A period of two years is not too long for anatomy, histology, physiological chemistry, and physiology, and at least three years are required for clinical and practical work in the wards of a hospital.

It must be remembered that Hunter began life when the disposition to recur to experiment for the solution of difficult questions in physics and in chemistry was familiar to all scientific men. Black, in 1754, had already instituted those experiments which showed that the mercurial thermometer was a reliable instrument of research, paving the way to his theory of latent heat. Priestley, by experiment, had discovered a new gas destined to play a great part in subsequent discussions on heat and light. Cavendish and Watt were pursuing those researches which enabled them to determine the composition of water. Is it surprising that a powerful and original mind should endeavour in such an atmosphere to resort to experiment for an explanation of some of the phenomena presented by the actions of living beings?

Let us consider for a moment how many qualities must be combined to make a good experimenter, and how far they were united in Hunter. He must possess a good general knowledge of the subject. He must know how to state the problem, and must possess ready wit to devise the mode in which it is to be attacked as well as the means to be employed in its solution, and be fertile in expedients to overcome difficulties. He must be deft of finger and neat in action, the results of constant practice in the use of instruments. He must be quick in observation, accurate and precise in noting results, distinguishing with such clear faculty as he has essentials from non-essentials, and, which is of still more importance, facts from inferences, yet with a mind ready to perceive the causes of variation, to recognise unexpected phenomena, and to follow collateral issues which may throw side lights on the main point of the inquiry. He must be painstaking and willing to overcome failure by repetition, and think little of time, labour, or expense in the prosecution of his researches. These, and perhaps others, are important factors which go to the making of a good experimenter, and Hunter possessed them all in abounding measure.

Hunter's "Lectures on the Principles of Surgery" were really the first philosophic work of the kind published in England. If we wish to compare it with others, with the exception of Wiseman, we are compelled to look at those of contemporary foreign surgeons—with those, for example, of Heister and of Paré, and with the works of both it contrasts favourably in the largeness and comprehensiveness of its views. It is not surprising that surgery exactly suited his mind, for every accident was to him a study, every injury an experiment. In a section on Fracture of the Patella, for example, we may see, in the briefest possible compass, the secret of Hunter's practice and of his success. He says that he called with a friend to pass a day or two in the country. The lady of the house had broken her patella several years previously, and had become totally unable to walk, since the surgeons, following the practice of the time, had done nothing except employ passive motion, seating her upon a table and swinging the leg to and fro. Hunter tells us he spent a whole night in considering her case, and, reflecting that all muscles were capable of contracting a little more than the joints over which they passed permitted, he thought that, however shortened the rectus had become, there was still a further power of contraction, which might by practice be brought under the power of the mind, and which might be further aided by interstitial absorption. He therefore recommended her to exercise her limb as often as she could for a month, assuring her that, if after the end of that time she had acquired the least power of moving the limb voluntarily, she would surely regain the power of walking, and the event proved his forecast in the happiest way. In the report of this case we have, as in a nutshell, the whole of Hunter's practice laid before us. His instant interest in the case, his profound and thoughtful consideration of the causes of trouble, his supreme reliance on the efforts of nature, and his recognition of the appropriate intervention of art in placing nature under the most favourable conditions, are all well brought out in the short record of this interesting case.

If Hunter were now to return to life he would see vast improvements on all sides. He would find a profession fairly united, the two Colleges working harmoniously together, with the attention of their members increasingly directed as time rolls on towards the prevention as well as the cure of disease. He would hail with special delight in this respect the experiments and researches of

Sir Joseph Lister, supported as they have been by the modern evidence of the nature and actions of micro-organisms; for such experiments are not sterile, but have a direct bearing on practice. He would rejoice in the wider horizon that has been opened up by the more accurate investigation of disease with the aid of the microscope, and of such instruments as the stethoscope, ophthalmoscope, and thermometer; and he would, I think, be lost in amazement at the minute and numerous details now considered to be requisite for the satisfactory consideration of any well-described case; but I can conceive nothing that would have been a source of greater pleasure to Hunter, if he could once more stand amongst us, than to enter the doors of this building and see the still extending and still developing outcome of his energy and scientific spirit.

The Council of this College has been sometimes reproached with lack of energy, with an indisposition to advance with the times and to aid original investigation, just as it has been more recently charged with lavish expenditure. I believe it has kept the middle path, and I venture to think, if Hunter could indeed return, he would make no such criticism, and would be well satisfied with the mode in which the trust confided to that Council has been carried out. He would see a splendid museum and a splendid library. He would see with surprise and admiration the additions that had been made to his own collection in human and comparative anatomy, and in pathology by Clift, Owen, Huxley, Flower, and, last, though not least, by Professor Stewart. We have, indeed, an unequalled collection of osteology, ethnology, surgical apparatus, and pathology; though Mr. Hutchinson, in his recent interesting lecture, has shown how many additions can still be made in the way of drawings, photographs, and models. He might, during the last two years, have heard from the foremost of English pathologists and philosophical surgeons lectures on Cancer, a series of lectures by Sutton, Cheyne, Bowlby, Lockwood, Barker, Bryant, Jessop, and Gunn on Pathology, Physiology, Ophthalmology, Embryology, and Surgery, every one of which, I believe, he would have attended and profited by, since they would certainly have incited him to further research. He would be conducted through a library which Mr. Bailey, with all his energy and ability, is striving to make the most complete as well as the most comfortable in the world, and its contents the most accessible. He would be led through the new rooms devoted to research, which will soon be fitted with all the requirements of the best appointed laboratories, and where every assistance that money, skill, and experience can give will be afforded to those who give up their time and apply their talents to the advancement of medical and surgical knowledge. He would see that his Museum had been developed on precisely the lines on which he commenced it, rendering it indeed the most useful of institutions to every practical surgeon; whilst there would be one to whom he would turn with grateful thanks for his efforts in preserving, naming, classifying, and adding to the pathological department, and who, though not formally installed as curator in the College books, has fulfilled all the functions that pertain to that office in so efficient a manner as to place that department at the head of all others in this country or abroad—Sir James Paget.

One of the greatest of our English kings, in dying, directed that his bones should be borne aloft at the head of the army, that they might carry with them the prestige of his former victories, animating the spirits of his ancient companions in arms and striking terror into their enemies. The true remains of Hunter rest not in Westminster Abbey, where he lies surrounded by the best and noblest of England's sons, but in the museum around us. Let their study put to flight our enemy Darkness, which is ignorance, and lead us to Knowledge, which is light.

JENKS MEMORIAL PRIZE.—John Strahan, M.D., of Belfast, has been awarded the first "Triennial Jenks Prize" of $250, by the Philadelphia College of Physicians, for the best essay on "The Diagnosis and Treatment of Extra-uterine Pregnancy." The competition was open to the world, and many essays were sent in. The successful author has been complimented by the examining committee on "the remarkable excellence of the essay," which becomes the property of the College. Dr. Strahan was awarded the Fothergillian Medal of the London Medical Society in 1886.

Address
ON
LONDON, ANCIENT AND MODERN, FROM A MEDICAL POINT OF VIEW.

Delivered to the Medical Society of University College,

BY G. V. POORE, M.D., F.R.C.P.

(*Continued from p. 319.*)

IN the lives of many of the early physicians are interesting facts which throw considerable light on the progress of medicine, both as a branch of knowledge and a profession; but the exigencies of time and space compel me to be brief.

Samuel Collins, who was president of the College in 1695, was one of the earliest comparative anatomists, and wrote a work entitled "A System of Anatomy treating of the Body of Man, Beasts, Birds, Fishes, Insects, and Plants." I am not acquainted with the work, but the title seems to indicate that he had enlarged views on the question of biology. Nehemiah Grew, who was secretary to the Royal Society in 1677, and an honorary Fellow of the College in 1682 (and possibly earlier), is said to have been the first who saw the analogy between animals and plants, and to establish the fact of sex in plants. In medicine he introduced Epsom salts, which he obtained by evaporating Epsom water, so that we owe him a great debt, and undoubtedly he is one of the greatest men who has been connected with the College. Sir Edmund King was surgeon to Charles II., and was made an honorary F.R.C.P. by command of His Majesty. Charles II. being seized with apoplexy on Feb. 2nd, 1684, King promptly bled His Majesty without consultation. His act was subsequently approved by his colleagues, and he was ordered £1000 by the Privy Council, which was never paid. Francis Bernard was apothecary to St. Bartholomew's Hospital, and when the staff of that institution ran away from the plague, Bernard stopped at his post and ministered to the wants of the patients. For this he was rewarded by being made assistant physician to the hospital, and became honorary F.R.C.P. in 1680. He died in 1697, and is buried in St. Botolph's, Aldersgate.

Two centuries ago, and even later than this, it was not thought unprofessional for a physician to have secret remedies. Thus Dr. Goddard, who was much trusted by Oliver Cromwell, who was one of the original members of the Royal Society, professor at Gresham College, the friend of Sydenham, and a Fellow of the College in 1646, was the inventor of "Goddard's drops." The most notable instance of "professional secrets," however, is that of the midwifery forceps. This was the secret of the Chamberlen family, of whom I will mention two. Peter Chamberlen, M.D. Padua, F.R.C.P. 1628, was probably the first fashionable obstetrician, and is supposed to have been the inventor of the forceps. He made an attempt to organise the monthly nurses, was much employed about the English court, and had eighteen children by his two wives. Hugh Chamberlen, the son of Hugh Chamberlen and the nephew of Peter Chamberlen (F.R.C.P. 1694), was the most celebrated man-midwife of his day. He published a translation of Mauriceau's Midwifery, and in the preface to that book he says: "I will now take leave to offer an apology for not publishing the secret I mention we have to extract children without hooks where other artists use them; viz., there being my father and two brothers living that practise this art, I cannot esteem it my own to dispose of nor publish it without injury to them, and I think I have not been unserviceable to my own country, although I do but inform them that the forementioned three persons of our family and myself can serve them in these extremities with greater safety than others." This is a very pretty specimen of medical ethics on the part of one who was a censor of the College as late as 1721. What are probably the original forceps were accidentally discovered, in 1815, at Woodham Mortimer Hall, Essex, formerly the residence of Peter Chamberlen. "They were found under a trap-door in the floor of the uppermost of a series of closets, built over the entrance porch," and may now be seen in the library of the Royal Medico-Chirurgical

Society. Hugh Chamberlen is buried in Westminster Abbey, where a Latin epitaph of seventy-two lines, by Bishop Atterbury, adorns his tomb.

I feel tempted to mention two or three more of the early physicians who are deservedly famous, but in doing so I must limit myself to those who flourished mainly in the seventeenth century.

John Radcliffe, who became F.R.C.P. in 1687, appears to have been a blustering, kindly, and successful practitioner. He spoke his mind freely, even to monarchs, and seems to have made his way more by push than courtesy. His chief claim to be remembered is as a public benefactor. He accumulated a large fortune, and founded at Oxford the Radcliffe Library, Radcliffe Infirmary, Radcliffe Observatory, and Radcliffe Travelling Fellowship, and also left £500 a year to St. Bartholomew's Hospital, London, for improving the diets of the patients. Radcliffe was only one of many London doctors who have been great public benefactors. I have already alluded to Linacre, Caius, Harvey, Baldwin Hamey, Caldwell, and Croon, and the list may be enlarged by mentioning Sir Hans Sloane (who founded the British Museum and gave the Chelsea garden to the Apothecaries' Society), William and John Hunter, Erasmus Wilson, and Richard Quain—the last and the most munificent benefactor of this (University) College.

Sir Hans Sloane was born in 1660, became F.R.C.P. in 1687, was president from 1719 to 1735, and died in 1753 in his ninety-fourth year. He was president of the Royal Society from 1727 (succeeding Sir Isaac Newton), and retired to Chelsea in 1740, where his name still lives in Sloane-street and Hans-place. In his youth he accompanied the Duke of Albemarle to Jamaica, and returned home with a valuable botanical collection. He was a great accumulator of archæological and natural curiosities, and his collection was by his will offered to the nation at a nominal sum, and thus was founded the British Museum. Sir Hans Sloane was born in the last days of the Commonwealth, only three years after the death of Harvey. In Evelyn's diary we read how, on April 16th, 1691, he (Evelyn) "went to see Dr. Sloane's curiosities, being an universal collection of the natural productions of Jamaica," &c. He lived in the reigns of Charles II., James II., Anne, William III., George I., and George II., and died five years after the birth of Jeremy Bentham, who was so active in the foundation of this College.

Perhaps the main object held in view by those who were instrumental in establishing the medical corporations was "protection," and certain it is that the monopoly of medical licensing enjoyed by the physicians and the barber surgeons in London and seven miles round was very great. No small amount of the energies of the College of Physicians was in its earlier days devoted to the fighting of irregular practitioners, but this was and is a hopeless battle. We have seen how Henry VIII. protected the rights of physicians and surgeons, but then as now there was a great deal of public sympathy for irregular practitioners, and accordingly we find that in the thirty-fourth and thirty-fifth year of the reign of Henry VIII. an Act was passed, the chief clauses of which were to the following effect:—That the surgeons, "mindful onely of their own lucres, and nothing the profit or ease of the diseased or patient, have sued, troubled, and vexed divers honest persons, as well men as women, whom God hath endued with the knowledge of the nature, kind, and operation of certain herbs, roots, and waters, and the using and ministring of them to such as be pained with customable diseases, as women's breasts being sore, a pin and a web in the eye, uncomes of hands, scaldings, burnings, sore mouths, the stone, strangury, saucelin, and morphew, and such other like diseases, &c. &c. Therefore it shall be lawful for any person to cure outward sores, notwithstanding the statute of the 3rd of Henry VIII." The public did not like being deprived of their favourite quacks and wise women; and the same feeling undoubtedly obtains at present in this country, where hundreds of newspapers are kept afloat almost entirely by quack advertisements, and the proprietor of a pill and ointment has recently died possessed of wealth probably greater than that of all the Fellows of both the Royal Colleges collectively. These are significant facts, and ought to warn us not to waste our energies in attempting to oppose human nature.

Dr. Goodall, in his account of the College of Physicians, published in 1684, gives many curious details of the conflicts of the College with quacks and empirics. The College possessed magisterial power, and, on conviction, the president and censors had power to fine and imprison. For instance, in 1632 Francis Roes, *alias* Vintner, was accused of undertaking to cure a woman of a tympany, for which he had made exorbitant charges: "Being asked what medicines he gave, at first he refused to discover them, saying he had them noted in his books; but after long expostulation he named jalap and elatorium (as he pronounced the word), and, being questioned what elatorium was made of, he said it was composed of three or four things, whereof diagridium was one. He was censured for giving elaterium (a medicine he knew not), and particularly to a woman at his own house, whom he afterwards sent home through the open streets, telling her it was a cordial. He was fined £10 and committed to prison." Again, we find one Richard Hammond, a surgeon, fined £5 and committed to prison for undertaking to cure a child of the dropsy. It appears that he administered a clyster composed of molasses, white hellebore, and red mercury, "which wrought so violently that the boy died therewith." John Hope, an apothecary's apprentice, gets into trouble for giving a man two apples of coloquintida boiled in white wine, with cinnamon and nutmeg. "The medicine wrought both upwards and downwards; upward he vomited a fatty matter, and downward he voided a pottle of bloud," and ultimately died. This case was remitted to the higher courts of justice. In 1637 an order was sent from the Star Chamber "to examine the pretended cures of one Leverett, who said that he was a seventh son, and undertook the cure of several diseases by stroaking." The investigation of this case lasted over a month, and finally the College reported that Leverett was an impostor. "In the fourth year of King Edward VI., one Grig, a poulterer, of Surrey (taken among the people for a prophet in curing divers diseases by words and prayers, and saying he would take no money &c.), was, by command of the Earl of Warwick and others and the Council, set on a scaffold in the town of Croidon in Surrey with a paper on his breast whereon was written his deceitful and hypocritical dealings; and after that on the 8th of September set on a pillory in Southwark, being then Our Lady Fair then kept, and the Mayor of London with his brethren the aldermen riding through the fair, the said *Grig* asked them and all the citizens forgiveness. Of the like counterfeit physician (saith Stow) have I noted to be set on horse-back, his face to the horse-tail, the same tail in his hand for a bridle, a collar of jordans about his neck, a whetstone on his breast, and so led through the City of London, with ringing of basons, and banished." The above are samples of dozens of similar cases; and it is interesting to note that many of these irregular practitioners had powerful friends, and we find ministers of State writing on behalf of some of them, praying that the punishment may be remitted.

In order to complete the picture of the profession in the seventeenth century I have abstracted from the diary of truthful Samuel Pepys a few facts having a bearing on medicine. These seem to me to throw no little light upon the science, practice, and ethics of medicine at his time:—"March 26th, 1660: This day it is two years since it pleased God that I was cut for the stone at Mrs. Turner's in Salisbury-court. And did resolve while I live to keep it a festival, as I did the last year at my house, and for ever to have Mrs. Turner and her company with me. But now it pleased God that I am prevented to do it openly: Only within my soul I can and do rejoice, and bless God, being at this time, blessed be His holy name, in as good health as ever I was in my life.—Jan. 7th, 1662: Captain Ferrers telling me, among other Court passages, how about a month ago a child was dropped by one of the ladies in dancing, but nobody knew who, it being taken up by somebody in their handkercher. The next morning all the Ladies of Honour appeared early at Court for their vindication, so that nobody could tell whose this mischance should be. But it seems Mrs. Wells fell sick that afternoon, and hath disappeared ever since, so that it is concluded it was hers.—17th: Mr. Pickering tells me the story is very true of a child being dropped at the ball at Court; and that the King had it in his closet a week after, and did dissect it, and, making great sport of it, said that in his opinion it must have been a month and three houres old; and that, whatever others think, he hath the greatest loss (it being a boy, as he says) that hath lost a subject by the business.—Feb. 23rd, 1662: Mrs. Wells do appear at Court again, and looks well; so that it may be, the late report of laying the

dropped child to her was not true.—Oct. 19th, 1663: Coming to St. James's, I hear that the Queen did sleep five hours pretty well to-night, and that she waked and gargled her mouth, and to sleep again; but that her pulse beats fast, beating twenty to the King's or my Lady Suffolk's eleven. It seems she was so ill as to be shaved and pidgeons put to her feet, and to have the extreme unction given her by the priests, who were so long about it that the doctors were angry. The King they all say is most fondly disconsolate for her, and weeps by her, which makes her weep; which one this day told me he reckons a good sign, for that it carries away some rheume from the head.—Oct. 20th: Mrs. Sarah —— tells us that the Queen's sickness is the spotted fever, and that she is as full of spots as a leopard.—22nd: This morning, hearing that the Queen grows worse again, I sent to stop the making of my velvet cloak till I see whether she lives or dies.—24th: The Queen is in a good way to recovery; and Sir Francis Pridgeon [Prujean, President of the Royal College of Physicians] hath got great honour by it, it being all imputed to his cordiall.—Jan. 16th, 1667: Prince Rupert, I hear, is very ill; yesterday given over, but better to-day.—28th: Prince Rupert is very bad still, and so bad that he do now yield to be trepanned.—Feb. 3rd: To White Hall ..... Talking, and among other things, of the Prince's being trepanned, which was in doing just as we passed through the Stone Gallery, we asking at the door of his lodgings, and were told so. We are full of wishes for the good success, though I dare say but few do really concern ourselves for him in our hearts. With others into the House, and there hear that the work is done to the Prince in a few minutes without any pain at all to him, he not knowing when it was done. It was performed by Moulins. Having cut the outward table, as they call it, they find the inner all corrupted, so as to come out without any force; and the fear is that the whole inside of his head is corrupted like that, which do yet make them afraid of him; but no ill accident appeared in all the doing of the thing, but with all imaginable success, as Sir Alexander Frazier did tell me himself, I asking him, who is very kind to me.—April 3rd: This day I saw Prince Rupert abroad in the Vane room, pretty well as he used to be, and looks as well, only something appears to be under his periwigg on the crown of his head.—4th: (At the Duke of Arlbemarle's.) One at the table told an odd passage in the late plague, that at Petersfield (I think he said) one side of the street had every house almost infected through the town, and the other not one shut up.—June 28th, 1667: Home, and there find my wife making of tea, a drink which Mr. Pelling, the potticary, tells her is good for her cold and defluxions.—Nov. 21st: With Creed to a tavern, where Dean Wilkins and others; and a good discourse; among the rest of a man that is a little frantic, and that is poor and a debauched man, that the College have hired for 20s. to have some of the blood of a sheep let into his body, and it is to be done on Saturday next. They purpose to let in about twelve ounces, which they compute is what will be let in in a minute's time by a watch. On this occasion Dr. Whistler [President of the Royal College of Physicians] told a pretty story, related by Muffet, a good author, of Dr. Caius, that built Caius College, that being very old, and living only at that time upon woman's milk, he, while he fed upon the milk of an angry, fretful woman, was so himself; and then being advised to take it of a good-natured, patient woman, he did become so beyond the common temper of his age.—30th: I was pleased to see the person who had his blood taken out.....saying he finds himself much better since, and as a new man. But he is cracked a little in his head, though he speaks very reasonably, and very well. He had but 20s. for his suffering it, and is to have the same again tried upon him; the first sound man that ever had it tried on him in England, and but one that we hear of in France.—June 23rd, 1668: To Dr. Turberville about my eyes, whom I met with, and he did discourse, I thought, learnedly about them, and takes time before he did prescribe me anything, to think of it.—29th: To Dr. Turberville's, and there did receive a direction for some physick, and also a glass of something to drop into my eyes; he gives me hope that I may do well.—July 3rd: To an alehouse; met Mr. Pierce, the surgeon, and Dr. Clarke, Waldron, Turberville, my physician for the eyes, and Lowre, to dissect several eyes of sheep and oxen, with great pleasure, and to my great information. But strange that this Turberville should be so great a man, and yet to this day has seen no eyes dissected, or but once, but desired this Dr. Lowre to give him the opportunity to see him dissect some.—13th: This morning I was let blood, and did bleed about fourteen ounces towards curing my eye.—31st: The month ends sadly with me, my eyes being now past all use almost, and I am mighty hot about trying the late printed experiment of paper tubes.—Aug. 11th: Mighty pleased with a trial I have made of the use of a tube spectacall of paper, tried with my right eye."

Cesare Morelli (a music master) wrote thus to Mr. Pepys on April 11th, 1681: "Honoured Sir,—I did receive your last letter, dated the 9th of this month, with much grief having an account of your painful fever. I pray God it will not vex your body too much; and if by chance it should vex you longer, there is here a man that can cure it with simpathetical power, if you please to send me down the pearinghs of the nailes of both your hands and your foots, and three locks of hair of the top of your crown. I hope with the grace of God it will cure you," &c.

Much as we owe to the College of Physicians, we owe even more to the early surgeons, and there is certainly no spot in this city which has a greater interest for us as students of medicine than the hall of the Barbers' Company in Monkwell-street, a street not far from the General Post Office. The house in Knightrider-street, the original home of the College of Physicians, is gone. The house in Amen-corner, the second home of the College, was burnt. The Grand College in Warwick-lane was deserted and sold, and has now completely disappeared. The Barbers' Hall

FIG. 3.

Barber-Surgeons' Hall.

remains and commands our respect as being on the original spot, though not the original building, where the study of anatomy took its rise in this country. (Fig. 3.) The barbers and surgeons have occupied premises in Monkwell-street certainly since their first incorporation in 1460, possibly earlier. The present hall was built by Inigo Jones, and having partially escaped the fire in 1666 much of the original building remains, and certainly the present court-room and the elaborately carved shell canopy over the front door are both works which do credit to this famous architect. Originally, the hall stood detached from other buildings, and seems to have had a fair-sized piece of ground round it, and a garden at the back; and its theatre, one of Inigo Jones's best works, rested on one of the bastions of the old city wall. With land at its present enormous value, it is not to be wondered at, though much to be regretted, that the Company has turned every available inch to account; and the medical antiquary who now goes in search of this (to us) almost sacred edifice will need to be warned that it is hemmed in and hidden by warehouses. It was in 1540 that Henry VIII. gave a charter to the barber-surgeons, and Holbein's famous picture of this event is the chief treasure of the Barbers' Hall, which contains many other relics of medical interest. In this picture, which has been often engraved, and is doubtless familiar to many of you, there are certain points which merit our attention. It is a group of nineteen people, and it is probable that the portraits of all are faithful. The

portrait of Henry VIII. was said by King James I. to be reported "very like him and well done," and it is probable that the portraits of the others are equally good. The king is seated, and the eighteen persons receiving the charter are on their knees. These eighteen are arranged in two groups—a group of three on the right hand of the king, and a group of fifteen on the left. Those on the right are probably entitled to take precedence of the others, they are all members of the king's household—viz., John Chambre, the king's physician, who was, as we have seen, one of the six persons named in the Charter of the College of Physicians; Sir William Butts, physician to Henry VIII, and one of the characters in Shakspeare's play of that name; and Master J. Alsop, the Royal apothecary. The fifteen on the left are all surgeons or barbers. The chief, to whom the king is handing the charter, is Thomas Vicary, the king's sergeant-surgeon and the first medical officer appointed to St. Bartholomew's Hospital; of the others, Ayliffe, Mumford, and Ferris were king's surgeons, and Symson, Harman, and Penn were king's barbers; of the remaining eight little is known. The original charter to the Barber-Surgeons provided that the two mysteries of barbery and surgery should be kept distinct, and it gave facilities for obtaining the bodies of executed felons for purposes of anatomical study. There is no doubt that the anatomy lectures at the Barber-Surgeons' Hall preceded those given by the physicians. The necessity of a knowledge of anatomy must have been felt daily by these early surgeons, and, like practical men, they took steps to supply their wants. The giving of these lectures (a physician being appointed lecturer) was the chief work of the Company. Some of the particulars collected by Mr. South are of interest, as showing how this first London School of Anatomy was worked. Every member of the company was bound to attend the anatomy demonstrations, a fine of fourpence being imposed upon those freemen who were late, and sixpence upon those who were absent. For each summons to "an anatomy" the sum of 3*s.* 4*d.* was charged (whether present or absent), and the members of the Company were bound to come "decently appareyled, for their own honestye, and also for the worshippe of the Company." The anatomical demonstrations appear to have been public, and their occurrence was a solemn festival—in fact, in the early days of the Company "private anatomies" were disallowed, except by special licence from the court. There were two masters of anatomy appointed yearly, and two stewards of anatomy to look after the creature comforts of those who attended the demonstration. It was also the duty of the masters and stewards to fetch the body from the place of execution, which was not always an enviable duty. The actual lecture and demonstration was given by a fifth officer, a "reader" specially chosen, who was generally a physician. The masters of anatomy had to make due provision for the comfort of the "Dr.," and they were specially charged to provide a "matte abont the harthe in the hall," in order that he might not suffer from cold feet. They also had to provide two fine white rods for demonstrating, a wax candle to look into the body, necessary instruments, and clean white sleeves and aprons for each day for themselves as well as for the reader. A fine of 40*s.* was imposed for inattention to these necessary details. The greatest formality was observed. The notices of the forthcoming demonstration were issued according to a regulated formula, which differed according to the rank in the company of the person bidden, and, after assembling in the parlour, a procession to the theatre was marshalled by the clerk in due form. There were two demonstrations daily, at noon and at five, and between the morning and afternoon lecture the court and officials were "plentifully regaled," the doctor or reader "pulling off his own robes and putting on the clerk's, which has always been usual for him to dine in." These demonstrations went on for three consecutive days, and at their close the clerk "attends the doctor in the cloathing room, where he presents him, folded up in a piece of paper, the sum of ten pounds, and where afterwards he waits on the masters of anatomy and presents each of them in the like manner with the sum of three pounds." After each public demonstration the lecturer was allowed to give a private demonstration to his own pupils for three days, after which the body was decently interred, and the expenses incurred by the masters of anatomy (£3 7*s.* 6*d.*) were reimbursed. Seats were provided in the theatre, and the body was surrounded by a curtain until the demonstration actually began. Among the curiosities in Barbers' Hall is a portrait of Sir Charles Scarborough, the physician to Charles II., in the act of giving an anatomical lecture with a "subject" before him, and Alderman Arris at his side assisting him. Scarborough, who was a good anatomist and distinguished mathematician, is represented as seated, dressed in full robes of scarlet and ermine, wearing a velvet hat with jewelled band and with lace cuffs, and Alderman Arris is scarcely less gorgeous. Alderman Arris, together with Dr. Gale, endowed those lectures, which are still given at the College of Surgeons, and which are known as the Arris and Gale Lectures. This Dr. Gale is not to be confounded with Thomas Gale, sergeant-surgeon to Queen Elizabeth, one of the earliest English writers on surgery.

It was on Feb. 27th, 1662, that Samuel Pepys records that "about 11 o'clock Commissioner Pett and I walked to Chyrurgeon's Hall (we being all invited thither, and promised to dine there), where we were led into the theatre; and by-and-by comes the reader (Dr. Tearne), with the master and company, in a very handsome manner; and, all being settled, he began his lecture, and his discourse being ended, we had a fine dinner and good learned company, many doctors of Physique, and we used with extraordinary great respect. Among other observables we drunk the King's health out of a gilt cup given by King Henry VIII. to this Company, with bells hanging on it, which every man is to ring by shaking after he hath drunk up the whole cup. . . . Dr. Scarborough took some of his friends, and I went with them, to see the body of a lusty fellow, a seaman, that was hanged for robbery." The cup to which Pepys alludes and other interesting pieces of plate are still in the possession of the Company, and they also have an excellent picture of Inigo Jones by Vandyke, and many other pictures of interest. There are also to be seen four silver wreaths worn by the master and wardens on State occasions, and upstairs is a massive oak table said to be the original table used for anatomical purposes.

The apprentices of the Company were kept in order. For example, they were not allowed to wear a beard of more than fifteen days' growth, and in case of offence in this particular the master was fined 6*s.* 8*d.* Apprentices were bound to be able to read and write, and those that intended practising in London passed what appear to have been preliminary examinations. "How he knoweth what ys surgery and also what an anatomy ys, and how many parts it is; of what the iiij elements and the xij signes be, which is the first part of examynacion for a prentyce." The apprentice was then bound to read to the court every half-year an epistle, in order that the court might judge of his progress; and he first became a probationer and was licensed for so many years, at the end of which time, subject to good behaviour and adequate knowledge, he was admitted a master of surgery and anatomy. The fee for the apprentice's examination appears to have been a silver spoon, with his name upon it, weighing one ounce; and 7*d.* to the clerk for writing and seal. The examination fee for the great diploma appears to have been £6 6*s.*

We have seen that the physicians were an offshoot from the priests and the surgeons an offshoot from the barbers. In the same way, the apothecaries were originally linked with the grocers; and it was not till 1617 that James I. gave to the Apothecaries' Company an independent charter. The apothecaries were originally druggists pure and simple, but they took to prescribing, and this brought them into conflict with the physicians. In the end the apothecaries were victorious; and finally, in 1815, they acquired the rights of examining and licensing, which are practically the same as they now possess.

(To be continued.)

THE CITY OF LONDON TRUSS SOCIETY.—At the annual meeting of the governors, held on the 6th inst., it was announced that the receipts for the past year were £6042, against £4066 in the year 1887, exclusive of the balance of £222 brought forward from the last account. During the twelve months under review 9522 patients of both sexes and of all ages were relieved, and altogether 9550 instruments had been supplied. Considerable discussion ensued in reference to the honorariums of certain medical officers of the Society, which ultimately resulted in the appointment of a special committee for the purpose of considering the whole question of the salaries of the officers of the Society.

THE ETIOLOGY OF CROUPOUS PNEUMONIA.[1]

BY GEO. M. STERNBERG,
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ACUTE PNEUMONIA is now generally regarded by the leading clinical authorities and pathologists in this country and in Europe as a specific infectious disease. Green, in his article on "Inflammation of the Lungs" in Quain's Dictionary of Medicine, says: "It is maintained by some observers that, like the specific fevers, it is due to a specific cause. Pneumonia, whilst differing from these fevers in not being contagious, resembles them in the typical character of its clinical phenomena and to a less extent of its local lesion. The changes in the lung occurring in pneumonia cannot be induced by artificial injury of the organ, and it must therefore be admitted that there is something special in the inflammatory process." This "something special" has been demonstrated by recent researches, and it is the object of the present paper to give a historical account of the development of our knowledge with reference to this specific infectious agent, and of the experimental evidence upon which the claim is founded that the micro-organism referred to bears an etiological relation to the disease in question.

Evidently if pneumonia is a specific infectious disease the micro-organism which causes it is widely distributed, and the development of an attack depends rather upon secondary predisposing and exciting causes than upon the accidental introduction of the specific agent. It cannot be maintained that the disease, as a general rule, is transmitted from individual to individual—i.e., by personal contagion. Clinical experience is entirely opposed to this view, although we have ample evidence that it may occur as an epidemic among individuals who are exposed to the same conditions of environment—as in gaols, barracks, &c. Thus at Christiania, Sweden, an epidemic of pneumonia occurred in 1847 in the prison, during which sixty-nine of the prisoners were attacked; and again in 1866 and 1867, during a period of six months (December, 1866, to May, 1867), a similar epidemic was observed in the same prison (sixty-two cases). Other prison epidemics recorded are those at Frankfort in 1875 (seventy-five cases), and in 1876 (ninety-eight cases); at Maringen in 1875 (eighty-three cases), and in 1878 (fifty-eight cases); at the prison of d'Ansberg in 1880 (161 cases, with forty-six deaths, in a period of five months). Again, we have numerous records of village epidemics and of epidemics confined to single houses. In outbreaks of this character, as in epidemics of typhoid fever, of cholera, and of yellow fever, there is a succession of cases occurring at different intervals; but it does not follow that these cases bear any direct relation to each other; on the contrary, everything indicates that, as in the diseases mentioned, in the presence of the infectious agent common predisposing causes relating to the environment, acting upon persons having various degrees of resisting power, induce attacks at various intervals; or it may be that in the presence of the specific cause and predisposing influences an exciting cause, such as exposure to cold, alcoholic excess, &c., is the immediate factor in the development of an attack.

Without stopping to discuss further the facts relating to the epidemic prevalence of the disease under consideration, I call attention to the well-established fact that pneumonia prevails over a wide area of the inhabited surface of the earth, and that by far the larger number of cases occur independently of any recognised connexion with previous cases, and often under circumstances in which such connexion can be very positively excluded; and, on the other hand, the direct transmission of the disease by the sick to those most closely associated with them, as nurses &c., if it occurs at all, is evidently a rare exception to the general rule. We must, then, conclude, as stated at the outset, that, if pneumonia is a specific infectious disease, the micro-organism which causes it is widely distributed. As a matter of fact, the pathogenic micrococcus, which from the evidence now at hand appears to be the specific etiological agent in acute pneumonia, has been found in the buccal secretions of healthy individuals in various parts of the world—in America, in France, in Italy, and in Germany; and no doubt more extended researches will show that it is extremely common. This statement may appear at the outset to make the view that the micrococcus in question is the cause of croupous pneumonia quite untenable. For, it may be asked, how is it that the individuals who have this micro-organism in their buccal secretions escape an attack of pneumonia? In the present state of our knowledge this question no longer presents any serious difficulties. We know, for example, that the pus organisms—staphylococcus pyogenes aureus, albus, and citreus—are very frequently found in the buccal secretions and on the surface of the body of healthy individuals, and that, although these micrococci are recognised as the cause of furuncles and of all sorts of acute abscesses, they only give rise to the formation of such abscesses under certain special conditions relating to the general health of the individual, or to a traumatism by which their introduction to vulnerable parts is effected. Again, the tetanus bacillus is a widely distributed micro-organism which has been found in the earth, and especially in rich loam, in various parts of the globe. But the hands of farmers and gardeners are constantly soiled with such earth without their contracting tetanus. In this instance it has long been recognised that a traumatism is an essential factor in the chain of events which leads to the development of tetanus; and now we believe, on satisfactory experimental evidence, that it is not the traumatism *per se*, or the injury to nerves or exposure to cold, which in certain cases gives rise to this infectious malady, but that the result depends upon the introduction of a specific infectious agent at the time the wound was received or subsequently—the tetanus bacillus of Nicolaier. In the case of the tubercle bacillus also, it is extremely probable, in the light of our present knowledge, that this bacillus, in a living condition, not infrequently finds a lodgment in the mouth upon the Schneiderian mucous membrane, or in the larger bronchial tubes of most individuals who live in populous communities. Here also the infectious agent is only one factor, although an essential one, in the production of the infectious disease. It must be introduced to the vulnerable location, and must find a favourable nidus in the tissues invaded. We have good reason to believe that in this, as well as in other infectious diseases, there are wide differences, inherited or acquired, in the susceptibility of the tissues to invasion when the infectious agent has been introduced to a favourable location.

In a paper read before the Pathological Society of Philadelphia in April, 1885, in discussing the relation of my Micrococcus Pasteuri to croupous pneumonia, I say: "It seems extremely probable that this micrococcus is concerned in the etiology of croupous pneumonia, and that the infectious nature of this disease is due to its presence in the fibrinous exudate into the pulmonary alveoli. But this cannot be considered as definitely established by the experiments which have thus far been made upon the lower animals. The frequent presence of this micrococcus in the buccal secretions of healthy persons indicates that some other factor is required for the development of an attack of pneumonia; and it seems probable that this other factor acts by reducing the vital resisting power of the pulmonary tissues, and thus making them vulnerable to the attacks of the microbe. This supposition enables us to account for the development of the numerous cases of pneumonia which cannot be traced to infection from without. The germ being always present, auto-infection is liable to occur when from alcoholism, sewer-gas poisoning, crowd poisoning, or any other depressing agency the vitality of the tissues is reduced below the resisting point. We may suppose also that a reflex vaso-motor paralysis, affecting a single lobe of the lung, for example, and induced by exposure to cold, may so reduce the resisting power of the pulmonary tissue as to permit this micrococcus to produce its characteristic effects. Again, we may suppose that a person whose vital resisting power is reduced by any of the causes mentioned may be attacked by pneumonia from external infection with material containing a pathogenic variety of this micrococcus having a potency, permanent or acquired, greater than that possessed by the same organism in normal buccal secretions."

This is the theory by which I have attempted to explain the etiological *rôle* of this micrococcus in croupous pneumonia. Let us now consider the principal facts which have led to a belief in its causal relation to this disease.

Friedländer,[2] in 1882, observed in eight fatal cases of

[1] Read at the meeting of the New York State Medical Society, Albany, N.Y., Feb. 6th, 1889.

[2] Die Schizomyceten bei der acuten fibrinösen Pneumonie. Virchow's Arch., 1882. Bd. 87.

pneumonia, in which he made necropsies, micro-organisms having an oval form in the exudate into the pulmonary alveoli; they were in pairs or in short chains. Without affirming that this micro-organism is the cause of pneumonia, Friedländer seems to have considered it extremely probable that it bore an etiological relation to the disease.

During the same year Leyden and Gunther announced, at a meeting of the Medical Society of Berlin (Nov. 20th, 1882), that they had found the same micrococcus in the fibrinous exudate of pneumonia obtained through the thoracic walls by means of a Pravaz syringe. At the same time Gunther stated that the elliptical cocci, in specimens stained with gentian violet, were surrounded with a colourless capsule.

The following year Matruy[3] published his observations. In sixteen cases he had found an elongated coccus in the fibrinous exudate of pneumonia, and always having a very transparent capsule. He had also encountered the same micro-organisms in the sputa of patients with other diseases, but not so abundantly as in pneumonia.

On Nov. 19th, 1883, Friedländer[4] communicated to the Medical Society of Berlin the results of his culture and inoculation experiments. His pneumococcus was characterised by the presence of a capsule, which, as he says, "always takes the form of the micro-organism; if this is round, the capsule is round; if it is elliptical, the capsule is an ellipse." This capsule, however, was only found in preparations made from the blood of an inoculated animal or from the fibrinous exudate into the alveoli; in cultures it was no longer seen. The cultures in flesh-peptone gelatine presented a nail-shaped growth, which was believed to be characteristic. Growth was rapid in a variety of culture media at the ordinary room temperature (65° to 75°F.), and in a gelatine culture medium no liquefaction occurred. The following results were obtained by Friedländer in his inoculation experiments. In one series of experiments the pneumococci mixed with distilled water were injected through the thoracic walls into the lungs. Nine rabbits inoculated in this way gave an entirely negative result. Six out of eleven guinea-pigs are said to have succumbed, and to have presented the lesions of pneumonia. All of the mice injected died within twenty-four hours, and at the necropsy the lungs were found to be congested, and to present foci of red hepatisation. In a second series of experiments upon mice they were made to inhale a spray containing the pneumococci in suspension. Several of these animals died, and are said to have presented a typical pneumonia. The pneumococcus, surrounded by its characteristic capsule, was found in the lungs, the spleen, the blood, and the liquid contained in the pleural cavity. Upon this evidence, Friedländer's pneumococcus, which is now usually described as a bacillus, was very generally accepted as the specific cause of fibrinous pneumonia, and cultures were distributed throughout the laboratories of Europe, bearing the label "pneumococcus of Friedländer." For some time after the publication of Friedländer's paper, all observations made with reference to the presence of oval cocci or of encapsulated cocci in the fibrinous exudate of pneumonia, were supposed to confirm his discovery. But now we know that there is another oval coccus which is far more frequently present in the exudate of acute pneumonia, which also presents the appearance of being surrounded by a transparent capsule, less pronounced, however, than that of Friedländer's bacillus, but which is entirely distinct from that of Friedländer, and is probably the true pneumococcus. I shall give the distinctive characters of this micro-organism later.

At the same time that Friedländer was pursuing his researches in Berlin, Talamon, a French physician, was engaged in similar researches in the laboratory of the Hôtel Dieu. His results were communicated to the Anatomical Society of Paris on Nov. 30th, 1883, a few days after Friedländer's communication to the Medical Society of Berlin (Germain Sée). "Talamon did not describe his microbe as having a capsule; according to him the pneumonia coccus is characterised by its form. When seen in the fibrinous exudate the microbe has an elliptical form, like a grain of wheat. Cultivated in a liquid medium—an alkaline solution of extract of beef—it is elongated and attenuated, and presents the appearance of a grain of barley. On account of this appearance Talamon has proposed to call it the 'lanceolate coccus.' This organism is encountered in the pneumonic exudate obtained after death or drawn during life by means of a Pravaz syringe from the hepatised portions of the lung. Once only, out of twenty-five cases, it was found in the blood of a patient at the moment of death." Talamon's inoculation experiments in dogs and guinea-pigs gave a negative result, but out of twenty rabbits injected through the walls of the thorax into the lungs eight showed the characteristic lesions of fibrinous pneumonia. Professor Sée says with reference to the evidence in the case of these rabbits, as compared with that obtained by Friedländer in his mice: "The rather brief description of the lesions obtained by Friedländer in the mice inoculated by him leaves some doubt in the mind, for the presence of foci (*noyaux*) of induration in congested lungs is not sufficient to characterise fibrinous pneumonia. But the lungs of the rabbits presented by Talamon to the Anatomical Society in support of his communication leave no room for discussion. As he observed, it was not at all a question of foci of congestion, or of broncho-pneumonia, such as one observes habitually in rabbits which die of septicæmia, but a veritable lobar fibrinous pneumonia with pleurisy and pericarditis of the same nature. The naked-eye examination as well as the microscope showed no difference in the lesions produced in the rabbit and the pneumonia of man."[5] On another page Professor Sée says: "Afanassiew repeated in the laboratory of Professor Cornil the experiments of Friedländer and of Talamon. By the culture in peptonised gelatine of the pneumonic exudate taken from the cadaver he obtained two species of organisms—round micrococci of large and small dimensions, and oval cocci which corresponded to the microbes described by the two authors [Friedländer and Talamon] whose researches we have just reviewed." This quotation indicates that Professor Sée did not question the identity of the oval or "lanceolate" coccus found by Talamon in pneumonic exudate and which in his experiments produced typical pneumonia in rabbits, and the so-called "pneumococcus" of Friedländer, which, according to his account, gave a negative result when injected into rabbits, but caused pneumonia in mice when injected directly into the lungs. Professor Sée was not alone in making this inference, which has turned out to be a mistaken one. The identity of the oval cocci, which had now been seen in the pulmonary exudate by numerous observers, with the micro-organism which Friedländer had isolated and cultivated from material obtained post mortem from hepatised lungs was generally admitted; and all of the observations relating to the presence of oval cocci, having a more or less distinct capsule, in the exudate of fibrinous pneumonia were supposed to give support to the alleged discovery of Friedländer. Now we know that the oval coccus most frequently found in such material is not that of Friedländer, but that it is identical with a coccus first observed by the writer in September, 1880, in the blood of rabbits injected with his own saliva, and subsequently (1885) named by me "Micrococcus Pasteuri." This was without doubt the coccus which produced pneumonia in Talamon's experiments upon rabbits; and we must give him the credit of having first experimentally demonstrated the fact that fibrinous pneumonia may be induced by the introduction of this micro-organism into the parenchyma of the lung in these animals.

(To be continued.)

[3] Ueber Pneumonie-Kokken. Wiener Med. Presse, June, 1883.

[4] Die Mikrokokken der Pneumonie. Fortschritt der Medicin, Bd. 1, 1883.

[5] Des Maladies Spécifiques du Poumon. Par le Professeur G. Sée. Paris, 1885.

ROYAL INFIRMARY, ABERDEEN. — Lord Provost Henderson presided at the annual meeting of this corporation, held on the 13th inst. The chief feature of the present meeting was the proposed extension of the hospital buildings. A report by the Board of Directors under remit from the special meeting on the question had been previously circulated. It pointed out that a new hospital on a new site was unattainable, and that in the opinion of the directors the extension work tendered for, and which according to the latest estimate will cost £39,260, should be at once proceeded with, they feeling strong in the expectation that before the completion of the whole scheme the necessary funds would be obtained. After some discussion a motion that the managers approve of the directors' report was agreed to. The income of the past year had been satisfactory.

ON IRRIGATION OF THE BLADDER IN CYSTOSCOPY.

BY F. R. CRUISE, M.D. UNIV. DUB.,
EX-PRESIDENT OF THE KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND, ETC.

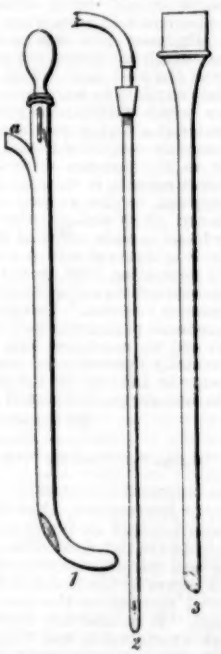
AS an old worker in the field of "endoscopy,"[1] I watch with deep interest the modern development of that very important method of *exact diagnosis in obscure diseases of the bladder*. In THE LANCET of Jan. 29th, 1889, there is a paper on "Irrigation of the Bladder in Cystoscopy" from the able pen of Mr. Berkeley Hill, and I am desirous of contributing a mite upon this subject.

The endoscope with which I have worked is a modification of that of Désormeaux, the first pioneer in this branch of investigation who really brought the study to a satisfactory issue.[2] My instrument is fully described in the article I have named. Like Mr. Berkeley Hill, I have experienced the difficulty he describes arising from turbidity of the fluid contents of the bladder from hæmorrhage. I must here remind the reader that in my endoscope the light emanates from a lantern *outside* the bladder, and not from a light placed *inside* that viscus, as in the case of the cystoscope of Nitze, or that known as the Leiter-Nitze endoscope, in both of which an electric light is made use of. I am not so old-fashioned as to compare my endoscope, illuminated by its specially constructed paraffin lamp, with the electric cystoscope; yet, after trial of the latter, I am not disposed to abandon my instrument altogether. I am quite satisfied that with it I can survey thoroughly all that can be seen in the bladder; and, moreover, I find it possesses certain special advantages—amongst others, the absence of heating of the speculum (a very important matter in prolonged investigations), and a greater facility for making a searching topical examination of the bladder.

When describing the cystoscope or bladder speculum, used by Désormeaux, and which I adopt, I wrote as

FIG. 13.

FIG. 14.



follows: "The instrument which Désormeaux uses is represented by Fig. 13, and in shape resembles the catheter recommended by Mercier in certain affections of the prostate gland. At the extremity of the long shaft a little window of glass is let in to permit the transmission of light, and is carefully cemented round, so as to render the instrument water-tight. The glass is set in a somewhat slanting direction, so as to obviate the reflection of the light from the perforated mirror, which might greatly embarrass the observer. This form of catheter is easily introduced into the bladder, and then the endoscope may be attached thereto. As the instrument is moved about, the eye of the examiner can see, bit by bit, the whole surface near to which its glazed extremity can be brought—viz., the border of the prostate, the trigone, the fundus, and greater portion of the posterior surface. The endoscope being held in the left hand and manipulated therewith, the index finger of the right hand introduced into the rectum can give much assistance in the investigation by raising the fundus and bringing it into proximity with the exploring tube. The anterior surface of the bladder has heretofore eluded ocular examination, but I am sanguine of being able to remedy this disability; fortunately it is rarely the seat of disease. This cystoscope of Désormeaux is liable to certain practical disadvantages. In the first place, the glass is rendered dull by the oil and urethral mucus which it comes in contact with during introduction, and cleaning of it is impracticable. Moreover, if during an examination the water in the bladder becomes turbid, from slight bleeding or any other cause, it is requisite to withdraw the cystoscope, resort to the double current catheter, and then reintroduce it. To avoid these faults I have had an instrument made after my own designs, by Messrs. Thompson and O'Neill, of Henry-street; its various parts are represented in Fig. 14. It consists of a full-sized catheter (*1*) with a very short curve, and on the curve is an opening, made, as it were, in continuity with the shaft. To facilitate introduction there is a wooden plug, which is represented as being in the instrument. After introduction the plug is withdrawn, and the small flexible catheter (*2*) inserted; the latter is connected with an enema pump which, for the sake of clearness, is omitted from the woodcut. By its means tepid water is pumped into the bladder until, after distending same, it returns alongside of the small catheter, and delivers itself externally at *a*. The pumping is continued until the water returns perfectly limpid, when the flexible catheter may be withdrawn, and the tube (*3*), with glass window at its extremity, introduced in its stead. The latter is made of such a size as to fill accurately the catheter (*1*). By this arrangement it will be perceived that the glass window is not smeared with oil or mucus, and thereby rendered dull. Moreover, if perchance it should become so, or the contents of the bladder become turbid, the tube (*3*) can be withdrawn and cleaned, the catheter (*2*) introduced, and fresh tepid water pumped in until it returns limpid. All this done, the tube (*3*) may be reintroduced, and the examination proceeded with." Such were the means by which I combated, over twenty years ago, the difficulty alluded to by Mr. Berkeley Hill.

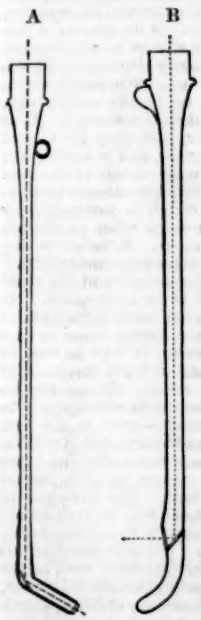
It will be observed that I admit the deficiency of this cystoscope for the examination of the *anterior* surface of the bladder. I will now describe the devices by which I accomplish the observation of this portion of the organ, and also the neck of the bladder. I exhibited these instruments at the meeting of the British Medical Association which took place in Dublin in the year 1867, but have never until now published any account of them. This will appear strange, but is due to the circumstance that about this period I became absorbed in purely medical work, and almost entirely abandoned the practice of surgery. Hence I have rarely worked latterly with the endoscope, leaving to others the further pursuit of this interesting method of precise diagnosis.

For the examination of the *anterior* surface of the bladder I devised, and used successfully, the instrument figured A, and which I will now describe. A speculum, in form like the one represented at Fig. 13, in place of having a glazed aperture at the angle, contains there a mirror of polished metal, while the window is placed at the end of the short arm. The light, following the direction indicated by the dotted lines, is reflected by the mirror, and passes through the window; and when the instrument is directed properly, as indicated by the projecting ring at the outer extremity, it illuminates and exhibits on the mirror the anterior, or the lateral, surfaces of the bladder. At first I encountered a serious difficulty, which took me some time and study to overcome. So long as the glass window was set at right angles to the ray of light I could see nothing except a

[1] The Endoscope as an Aid in the Diagnosis and Treatment of Disease. By F. R. Cruise, M.D. Univ. Dub., &c. Dublin Quarterly Journal of Medical Science, May 1st, 1865. Fannin and Co., Dublin.

[2] De l'Endoscope et de ses Applications au Diagnostic et au Traitement, &c. Par A. J. Désormeaux. Paris: J. B. Baillière et Fils. 1865.

brilliant glare. Thinking out the matter, I came to see that it (the glass window), being in a dark cavity, acted as a reflector, and simply sent back the light. In fact, I realised that I was like a person who, candle in hand, looks out of window into the dark. All that can be seen under such circumstances is the image of the candle itself. Ultimately, by setting the window at a slight angle (15 degrees) to the direction of the illuminating rays, I eluded this difficulty and saw all clearly. Next I set to work to find a means of examining the neck of the bladder. For this purpose I devised the speculum figured B. In it the short curve is solid, and just where it commences a lateral window is set, at a proper angle to evade the difficulty already described, and placed opposite a little mirror. The position of the window is indicated by a projecting flange at the outer end of the speculum. A glance at the accompanying woodcut, B, will make these details intelligible, and explain how, when this speculum is rotated in the bladder, whilst jointed into the illuminating tube of my endoscope, bit by bit the neck of the bladder comes into view. With these specula and my lantern I am thus able to take a complete survey of the whole interior and of the neck of the bladder. With the other specula described in my paper (already quoted), the urethra, rectum, uterus, ear, and, in fine, all cavities into which a tube can be introduced—such as the pleural sac in cases of effusion, abscesses, wounds, &c.,—may be thoroughly examined. I may refer those interested in the subject to my paper of 1865, and to a short article which I wrote a few years ago for Mr. Heath's "Dictionary of Practical Surgery."



In conclusion, I ask indulgence for this Rip-van-Winkle revival of the labours of my youth, adding my very earnest congratulations to the present generation of endoscopists, and especially to Mr. Hurry Fenwick. His recent classical monogram places the English reading public abreast of the latest improvements, and shows what can be done, and is being done, by advancing science in this department.

Dublin.

ON HYSTERICAL MOTOR AFFECTIONS OF THE VOCAL CORDS.[1]

BY JAMES B. BALL, M.D., M.R.C.P.,
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IN presenting this sketch of the motor troubles which affect the vocal cords in hysteria, I wish to say, at the outset, that, whatever objections may be offered to the term "hysteria," I feel it is one that is thoroughly well established and understood. The group of affections associated with that special morbid condition of the nervous system universally designated hysterical is quite familiar to all of us; I shall therefore offer no definition of the term, and shall not discuss the advisability of substituting for hysteria such alternative terms as "neurasthenia," "neuromimesis," or "functional disease." Among the commoner manifestations of hysteria are those affecting the motor functions of various parts of the body, and these manifestations take the form of impaired movement, paresis or paralysis, of exalted movement or spasm in some form, or finally of such perversions of movement as may be classed under the head of incoördination. It might, therefore, seem that, in reciting the motor affections of the vocal cords in hysteria, I could not do better than endeavour to range them under one or other of these heads, and consider each form according as a muscle, or a group of muscles, was affected in one or other way. And no doubt, for the purpose of scientific classification, this method would be the most desirable. Since, however, I am anxious to present these affections as they are met with in the routine of practice, characterised by certain prominent symptoms, dependent on derangement of some important function, I rather prefer to consider them now in relation to the special function deranged.

The vocal cords, forming as they do the greatest part of the boundary of the glottic aperture, and being subject to variations of position and tension, under the control of various muscles, are concerned in two important functions—viz., respiration and phonation. In respiration, as the air passes to and fro, the cords recede from each other, widening the glottis, during inspiration, and approach towards each other, narrowing the glottis, during expiration. In phonation the cords are closely approximated and made tense. In accordance with these two functions of the glottis, the motor disturbances of the cords met with in hysteria may be conveniently considered. Through perverted action of the muscles which abduct and adduct the vocal cords, the glottic aperture may be so narrowed as to offer an impediment to the due passage of the respiratory currents, causing dyspnœa, or through perversion of these same muscles, or of those which regulate the tension of the cords, an impediment is offered to normal vocalisation, causing dysphonia or aphonia. Phonation is more frequently affected than respiration. Loss of voice is, indeed, a common and familiar hysterical symptom. Nor is it surprising that the voice, which is the principal channel for the expression of the emotions, should be frequently affected in a disease like hysteria, so largely dependent on emotional states. Loss of voice in hysteria is sometimes merely voluntary, the patient, owing to a general hyperæsthetic condition, habitually speaking in a whisper, although able to phonate. More often, however, there is real inability. The onset of aphonia is usually sudden, and often follows some psychical excitement. The loss of voice may be complete, the patient being unable to speak other than in a whisper; or the voice may be merely weak, rough, or hoarse. In some cases the loss of voice is intermittent, periods of complete aphonia alternating with periods of normal or impaired voice. The voice may come back as suddenly as it went, and not unfrequently too under the influence of fright or sudden emotion. During sleep the completely aphonic patient may cry out loudly in a natural voice. A sound of perhaps normal loudness will generally, though not always, accompany a sneeze or a cough, and this whether the cough be a voluntary or a reflex act. When excited to laughter, the patient may laugh with an audible vocal sound. More striking still is the fact that the patient who cannot utter a sound in speaking may be able to sing perfectly well. In the case of a young lady with marked hysterical aphonia, whom I saw some time ago, and who had been unable to speak or sing for some months, the power to sing returned suddenly on hearing a younger sister making a poor attempt at one of her favourite songs. The patient pushed her young sister from the piano and sang the song herself. After this she could always sing, but the speaking voice did not return for several weeks. In exceptional cases the patient may be unable to speak even in a whisper, not being capable of performing the necessary movements by which articulation is effected. Merely a vague movement of the lips takes place on attempting to speak. The laryngoscopic appearances of the movements of the cords, in the forms of aphonia above mentioned, though somewhat variable, are, on the whole, characteristic. Imperfect approximation of the cords is the constant feature. In a marked case, on the patient's attempting to phonate, the cords remain perfectly immovable during the attempt, or approach each other only slightly, all the adductors more or less refusing to act; or the cords may approach each other more or less perfectly in their anterior two-thirds, and leave a triangular space open behind, the transverse arytenoid muscle not acting; or an elliptical space may be left between the approximated cords, indicating imperfect action of the tensor muscles. In some rare cases a different state of things exists. Dr. Bristowe, in his Cavendish Lecture in 1885, related the case of a hysterical girl suffering from aphonia, with inability to

[1] Read before the West London Medico-Chirurgical Society, Dec. 7th, 1888.

whisper. Here Dr. Semon reported that, on attempting to phonate, the cords came together well. There was no inability to move the vocal cords or the tongue or lips, but, as Dr. Bristowe remarked, some inability to act, on the part of the centres which regulate the complex group of actions that subserve phonation and articulation.

There is a rare form of hysterical aphonia which has some differences in its clinical features from the cases ordinarily met with, and differs also in the method of its production. While in ordinary cases of aphonia the patient makes little or no real effort to speak, in this form the striking feature is the very marked and sometimes painful efforts made by the patient to get out the sounds. The words may be got out with difficulty or in a falsetto voice, or no vocal sound whatever may be produced, notwithstanding the efforts of the patient. It is obvious that the patient has difficulty in getting air to pass through the glottis while attempting to speak, and the strong expiration which usually follows the attempt indicates that the glottis was closed. The laryngoscope shows this to be the case. The vocal cords move normally on respiration, but on attempting to speak they close together spasmodically, perhaps even overlap, and either exclude the passage of air altogether or only allow a little to pass through a narrow triangular opening at the posterior third. The condition is known as aphonia spastica. It is analogous to writer's cramp, in that a particular action brings about spasm of the muscles concerned, but it may occur as a purely hysterical phenomenon.

Passing now to the respiratory troubles, or laryngeal dyspnœa of hysterical origin, the first form to be mentioned is that sudden closure of the glottis which is complicated with a general hysterical convulsion, and causes complete arrest of the respiration for several seconds. It may terminate with a loud stridulous inspiration. Such a closure of the glottis may entirely replace a general hysterical convulsive attack. This form need not be dwelt on further. More chronic and less complicated forms of glottic constriction are of greater interest. In a common type of the malady the attack of dyspnœa occurs suddenly, perhaps after some emotional excitement. Inspiration and expiration are loud and stridulous, inspiration being generally the louder, and sometimes having a crowing character. At times the dyspnœa increases and may present most urgent symptoms. The stridor, cyanosis, and muscular action attest the severity of the struggle for breath. The breathing is often very hurried, hysterical rapid breathing, in that respect contrasting with the measured, laboured, breathing of organic laryngeal obstruction. Very often the voice is weak, or complete aphonia may exist. In other cases phonation is good. The dyspnœa may persist with remissions and exacerbations, sometimes with complete intermissions for days, weeks, or months. It ceases entirely during sleep. In certain cases the dyspnœa is purely inspiratory, expiration being quiet and easy. In this form it sometimes happens that the dyspnœa occurs only, or chiefly, on exertion or excitement—that is, when the respirations are more deep than usual. In some patients the attacks of stridulous breathing are of a more paroxysmal character. At varying intervals of minutes or hours, attacks of stridor and more or less dyspnœa occur, inspiration here also being often loud and crowing. After a few stridulous respirations the attacks cease, to recur again at varying intervals. The paroxysms occur without apparent cause, or may be excited by emotion, sometimes by coughing or swallowing. Many other variations will be met with in hysterical stridulous attacks. In the case of a girl aged thirteen, presenting other hysterical phenomena, whom I saw a short time ago, the attacks at the period I saw her had a very peculiar character. Each attack was preluded by facial twitchings, and then came three or four extremely loud inspirations, which were in reality loud piercing inspiratory screams, and were followed by a cessation of respiration for some seconds. The whole attack was attended with marked and alarming symptoms of dyspnœa, so that the propriety of performing tracheotomy to prevent a fatal accident during one of these attacks had been very naturally under consideration. Laryngoscopic examination in ordinary cases of hysterical stridor shows the vocal cords more or less closely approximated to the middle line during inspiration and expiration. If the mirror be kept in position some time, the cords will be seen often momentarily separating and then closing up again. In some cases the cords will be seen to approach each other during inspiration and separate during expiration, the exact reverse of the normal movements; but the extent of the closure and separation is by no means regular, and varies with successive respirations. These are the cases, above mentioned, in which dyspnœa and stridor attend inspiration alone. In very rare cases the cords are said to present the appearance of bilateral paralysis of the abductors of the glottis. A narrow cleft only exists between the cords, which is still further narrowed on each inspiration. I have never seen this condition in hysterical stridor.

There is one other affection that must be mentioned in this connexion, although here the glottic closure is complicated with spasmodic action of the expiratory muscles. This is the affection known as hysterical cough. The cough varies much in character in different cases, but is mostly dry, loud and barking, or shrill, or of metallic quality. It is often of a short rhythmic character, and may be almost incessant; or it may occur in paroxysms, and in some cases these paroxysms tend to recur at certain periods of the day. Hysterical cough may be associated with whooping inspirations and signs of dyspnœa. The cough is intensified by emotional causes, and is apt to be worse when people are present than when the patient is alone. It ceases during sleep. Laryngoscopic examination gives negative results.

The preceding account of the motor troubles of the vocal cords in hysteria does not pretend to be exhaustive. It has only been attempted to indicate the leading features of the chief affections. The symptoms having more or less resemblance to those of other diseases, it will be well to briefly summarise the grounds upon which a diagnosis of their hysterical character will be made. There are, in the first place, those general considerations which apply to the diagnosis of every hysterical malady—such as the age, sex, habits, and physical, mental, and emotional condition of the patient. Hysterical affections of the cords, like other hysterical affections, occasionally occur in girls before puberty, as well as in men and boys. The presence of other undoubtedly hysterical symptoms will materially aid the diagnosis—such as attacks of hysterics, hemianæsthesia, paralysis, and contracture of limbs. Certain peculiarities in the attack will point to the hysterical origin, such as the sudden onset, the relation of the malady to emotional causes, whether arising as the result of such causes, or being aggravated thereby. The persistence of the voice for certain acts—such as coughing, sneezing, or singing—is highly characteristic of the hysterical nature of an aphonia. It is characteristic of hysterical aphonia, not including, however, the rarer spastic form, that the patient usually evinces little real effort to speak, and there may be even a marked immobility of the lips during the attempt. The cessation of stridulous breathing during sleep is peculiar to hysterical stridor. Chloroform narcosis will also cause its complete cessation, and both in sleep and in the earlier stage of chloroform narcosis the emission of vocal sounds may decide the nature of an aphonia. The coincidence of marked sensory trouble about the pharynx, palate, and larynx points to the hysterical origin of the affection. This is sometimes of the nature of hyperæsthesia, but more frequently of anæsthesia. Such patients may be particularly tolerant of laryngeal mirrors, and easily bear the introduction of an instrument into the larynx itself. Laryngoscopic examination is, however, the most important means of establishing our diagnosis. There is an absence of gross disease of the larynx. The vocal cords will usually be of a perfectly normal colour, or may be merely somewhat congested. The various disordered movements above described will be recognised. These are almost always bilateral, and equal on the two sides. They, for the most part, bear no resemblance to the effects of organic disease. Tremor of the cords is often seen in all hysterical affections.

Some of these affections are very intractable, and may require us to bring to bear all those principles of treatment which have been found serviceable in other forms of hysteria. Into these I need not enter. Most cases of aphonia yield readily to suitable treatment. Derangements of health must be treated from the first. Iron and strychnia are often indicated. We must impress on the patient the absolute certainty that the aphonia can and will be cured. If laryngeal catarrh be present, we must apply suitable treatment, especially direct applications with the brush, which have a good moral effect. The preceding course, combined with occasional strong, peremptory exhortations to use the voice, will often succeed in effecting a cure. If not, faradism should be used externally—or, better still, internally. A strong current should be used, and it is important that the first application should be attended with

decided benefit, if not complete cure. In the treatment of the various kinds of stridor, it is advisable, once having made our diagnosis, not to exhibit to the patient too much concern or alarm. In some of these cases the dyspnœa is really alarming, but any sign on our part that we consider the case very serious or very extraordinary tends to aggravate the symptoms. In looking over the records of cases, one finds that tracheotomy has been performed in cases of stridor that were in all probability hysterical, and yet the tube had to go on being worn indefinitely. When urgent and persistent dyspnœa exists, inhalation of chloroform, short of anæsthesia, will relieve the symptoms. Otherwise the treatment of hysterical stridor and hysterical cough must be mainly of that kind which is beneficial in other hysterical maladies. Relapses are apt to occur in all these motor affections of the vocal cords, and it is by a judicious employment of general treatment, both physical and moral, rather than by local or special treatment, that relapses can be effectually guarded against.

Wimpole-street, W.

EXCISION OF THE LACRYMAL GLAND IN CASES OF EPIPHORA IN WHICH SEVERE NERVOUS SHOCK ATTENDS ITS TREATMENT BY DILATATION.

BY J. VOSE SOLOMON, F.R.C.S.,
LATELY SENIOR SURGEON OF THE EYE HOSPITAL, PROFESSOR OF OPHTHALMIC SURGERY IN QUEEN'S COLLEGE, BIRMINGHAM.

SURGERY is indebted to Percival Pott[1] for advising that stricture of the nasal duct should be submitted to the same principles of treatment as that of the urethra. But it was reserved for Bowman[2] (1851) to devise a method on which the principle enunciated by Pott could be carried into practice *per vias naturales*, and applied to the whole of the tract which constitutes the excretory tear canals. Bowman slit up the canaliculus, thereby making possible the introduction of silver sounds, or probes, of sufficient size and strength to combat strictures, even when rigid, and also certain diseased conditions of the lacrymal mucous membranes. Laforest had previously (1753) invented a probe for the treatment of stricture of the nasal duct, which he introduced through the nostril; this plan, when successful, fails to reach two common seats of stricture, and, as witnessed by the writer in the hands of the late Mr. Wm. Martin, is difficult of performance. A large number of cases of epiphora are successfully treated by Bowman's method, with and without the aid of other remedial agents. But there are some in which a full-sized probe can be easily passed, and where, after a prolonged and carefully conducted mechanical treatment, tears continue to collect and overflow on to the cheek. In some of these, I believe, we have to deal with a chronic œdematous or a flabby condition of the mucous membrane of the nasal duct. The canal readily yields to the pressure of the sound, and on its withdrawal again obstructs the passage. In certain chronic diseases of the cornea, the excretory canals are, on exploration, found free and apparently healthy, the lacrymation being due to irritation of the ophthalmic division of the fifth pair of nerves. The pain and nervous agitation attendant on the modern treatment of stricture of the tear canals vary much, according to the degree of susceptibility of the patient. Some are quite indifferent to the surgeon's proceedings; occasionally, the patient faints on every repetition of the operation. In others, such extreme prostration is prevented by the taking of a stimulating draught. In a recent case which came under my care, a lady of fifty years, of good general health and apparently passive temperament, who had suffered from epiphora of fourteen years' duration, although the process of dilatation was not attended by marked signs of distress, the nervous shock became so great that her health failed, and there was no alternative, in my judgment, but to suspend the mechanical treatment. As the patient expressed herself most anxious to be rid of her epiphora, which gave great discomfort, I proposed to excise the tear gland. This was carried out on the lines advised by Macnamara[3] with complete success. In the cases I have operated upon the incisions have united without suppuration, and the cicatrix soon disappeared sufficiently to escape remark.

The object of this communication is to advise recourse to excision of the lacrymal gland when a serious amount of nervous shock attends Bowman's method. Up to the present the operation of excision has been confined, I believe, to instances of suppuration and dilatation of the lacrymal sac. Such may, according to my experience, be successfully treated by simpler methods, cases of caries being excepted.

Birmingham.

[1] Chirurgical Works, 1790, vol. i., p. 343.
[2] Manual of Diseases of the Eye.
[3] Med. Chir. Trans., 1851, vol. xxiv., p. 337.

A CASE OF OBLIQUE AND DIRECT INGUINAL HERNIA ON THE SAME SIDE;

WITH REMARKS ON THE CONJOINED TENDON.

BY HENRY RUTHERFURD, M.A., M.B., C.M. GLAS.

THE specimen which is the subject of the following remarks was obtained from the right side of a man aged fifty-seven, who died in the Western Infirmary of cancer of the liver. There was great enlargement of that organ and distension of the abdomen. It seems probable that this distension was concerned in the production of the hernia. Some puckering about the internal orifices of both sacs, as well as the distance between the external and internal abdominal rings, and the incomplete character of the internal sac, seemed to point to the recent commencement of their process of formation; while, at the same time, the close connexion of the oblique sac with the cord suggested that this might have been originally the patent upper extremity of the processus vaginalis. The sac of the external hernia measured about four inches and a half in length from the deep or internal abdominal ring. It contained a loop of bowel, which slipped back into the abdomen on the scrotum being raised. The internal sac had slightly bulged out the structures lying in front of it, including the conjoined tendon; but in the collapsed state of the parts on the post-mortem table there was nothing to show its presence, as the parts were seen from without. From within, a protrusion about three-quarters of an inch in depth, and freely admitting the tip of the index finger, was seen running downwards, forwards, and somewhat inwards. Its sharp internal border was formed by a thickening, which was continued upwards on the abdominal wall, running towards the middle line, and which evidently represented the obliterated hypogastric artery. The deep epigastric artery was found in its usual situation immediately to the inside of the internal ring, making a slight curve towards the middle line, as if already somewhat dragged inwards by the neck of the oblique hernia.

The chief point of interest in the preparation was the demonstration which it afforded of the relation of the conjoined tendon to inguinal hernia. The tendon was found inserted not only into the linea alba, crest of the pubis, and commencement of the pectineal line, but into Poupart's ligament as far out as the deep or internal ring, and even beyond it, the outermost fibres curving outwards behind and beneath the cord and neck of the hernial sac. The outer border of the tendon presented a slight thickening, with a suggestion of muscular structure, which appearance, it is to be noted, was not due to a splitting of the fibres of origin of the internal oblique or transversalis, such as has been recorded.[1]

My attention has been drawn to the inadequacy of the usual descriptions of the conjoined tendon by my friend Dr. John Yule Mackay, who has referred me to the observations of Braune of Leipsic on this subject. From these it would appear that the conditions observed in the present case are constant, that it is the conjoined tendon which defines and gives fixity to the deep or internal abdominal ring, and that therefore every direct or internal inguinal hernia carries in front of it or splits the conjoined tendon.

The importance of the conjoined tendon as a covering of direct hernia was long ago pointed out by Sir Astley Cooper.[2] Later, in his "Observations on Diseases of the Testis," he describes the insertion along Poupart's ligament, "beginning," he says, "almost immediately below the commence-

[1] Quain, seventh edition, vol. i., p. 1022. [2] Lectures on Surgery, Lect. 28.

ment of the internal ring."[3] Gray, on the other hand, states[4] that the conjoined tendon is stretched across the inner two-thirds of Hesselbach's triangle, "the remaining portion of the space being filled in by transversalis fascia. In some cases the hernial protrusion escapes from the abdomen on the outer side of the conjoined tendon, pushing before it the peritoneum, the subserous areolar tissue, and the transversalis fascia. ..... The coverings of this form of hernia are precisely similar to those investing the oblique form. It is further suggested[5] that the occurrence of such a hernia—namely, a direct hernia uncovered by conjoined tendon—is due to the formation of a fossa on the peritoneal surface, external to the ridge formed by the obliterated hypogastric artery, which in these cases does not coincide with the line of the deep epigastric, but falls more or less internal to this, subdividing Hesselbach's triangle. But it may be asked, granting the existence of such an undefended space as has been described, why should a direct hernia ever be covered by conjoined tendon at all? The easiest place for the protrusion to occur would be through this external part of the triangle, and the slight resistance of the obliterated hypogastric to the downward and inward progress of a convolution of bowel would seem unnecessary to explain the election of the seat of rupture.

A similar ambiguity obtains in "Quain,"[6] where we read: "With regard to the conjoined tendon, the hernia may be covered by it, or may pass through an opening in its fibres, or may escape beneath it." The last alternative is obviously covered by the description further on of "internal oblique hernia," where the hernia, though internal to the deep epigastric artery, runs somewhat obliquely in the canal to reach the external ring. The statements in the ninth edition of "Quain" are to the same effect.

A case somewhat similar to the one under consideration has been described in the *Edinburgh Medical Journal* for March, 1869, by Professor Chiene, then Demonstrator of Anatomy in the University of Edinburgh. In regard to the point under consideration, he says: "There was no splitting of the conjoined tendon; it had a distinct lower border seen arching over the neck of the inner sac. The direct hernia must therefore have passed through the lower and outer part of the triangle of Hesselbach, where it is uncovered by conjoined tendon." It is to be noted, however, that immediately before and after this quotation he speaks of a prolongation from the lower border of the conjoined tendon, extending for some distance over the inner surface of the sac, as if the border of the tendon had not, after all, been so very distinct.

The researches[7] to which I have already alluded go some way towards reconciling these conflicting descriptions. They show that the internal portion of the tendon, corresponding to the part usually described, is stronger than the rest; that further out the structure is thinnest, and that it becomes firmer again towards the deep abdominal ring. Mr. Chiene's case may be taken as an example of how far atrophy of the thinner portion of the tendon may occur under the pressure of a hernia, but even in his case further examination might have shown some remains of the outer fibres of the tendon, limiting the neck of the external sac, if they had not already been unwittingly sacrificed in laying bare the epigastric artery.

Glasgow.

[3] Quoted in Quain, seventh edition. [4] Eleventh edition, p. 924.
[5] Loc. cit. [6] Eighth edition, vol. i., p. 340.
[7] Braune, Das Venensystem d. Menschlich. Körpers (Anhang). See Jahresbericht d. Anat. und Phys., 1884. See also Dr. Mackay's description, with plate; Memoirs and Memoranda in Anatomy, by Cleland, Mackay, and Young, 1889.

LONDON FEVER HOSPITAL.—Dr. Buchanan, F.R.S., Vice-President, occupied the chair at the annual meeting of the governors and subscribers held at the Freemasons' Hall on the 14th instant. The financial position showed a balance in hand of £576. The Coldbath-fields estate, belonging to the hospital, had been sold, and another freehold property, the Elm Park estate at Brixton, purchased. The medical report stated that 603 patients had been admitted during the year, 139 cases remained from 1887, total under treatment 742; 654 were discharged, 67 remained, and 21 had died. The mortality was lower than in any previous year; 457 patients were admitted on payment of the usual three guineas. The annual subscriptions amounted to upwards of £327 more than the past year. Lord Balfour of Burleigh was elected president in the place of the late Earl of Devon.

A Mirror
OF
HOSPITAL PRACTICE,
BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

ST. GEORGE'S HOSPITAL.

A CASE OF COMPOUND FRACTURE OF THE PATELLA; SUTURE OF THE FRAGMENTS; OLD SYPHILIS; REMARKS.

(Under the care of Mr. G. R. TURNER.)

THE following example of compound fracture of the patella into the knee-joint was a very disappointing case to the surgeon; for, although the local treatment adopted for the fracture was successful, the constitutional state of the patient was so bad that she ultimately died. The series of troubles which intervened before death and hastened the result were only indirect consequences of the injury, but it will be classed by some as a fatal case. Mr. Turner read a paper[1] on the subject of compound fracture of the patella before the Harveian Society, and brought forward a series of twenty cases (including one of his own) of this accident. All of these had recovered, twelve with good movement, five with slight movement, and in three there was ankylosis (one after excision of joint). The various treatment which had been adopted, with the result, was as follows:—Nine were treated with antiseptics; in seven of these good movement resulted, in one partial movement, and in one ankylosis. In five, sutures were employed and antiseptic treatment; two obtained good movement and three partial. The treatment employed in the others was: lint soaked in blood, 1; carbolic oil 2; suture of quadriceps extensor to the ligament after removal of the bone, 1; excision of knee, 1; antiseptic treatment for a time, 1; there was a good result in most of these. It is interesting to compare this series with another by Mr. Poland at an earlier date.[2] He collected statistics of eighty-four cases. Eight of these were associated with incised wounds: of these six recovered and two died; thirty-nine with lacerated wounds, with nine deaths; twenty-one due to gunshot, with three deaths. In four secondary amputation was performed. The majority of the fatal cases were from exhaustion or pyæmia. There were sixteen other cases associated with lesions of the other bones, with a fatal result in six, making the whole number of deaths twenty. The treatment adopted was not antiseptic, the joint suppurated in sixty-three, and more or less complete ankylosis followed in thirty-one. In the discussion which followed it was considered that this injury, after the period of childhood, was one requiring amputation.[3] The treatment of such cases at present is suturing of the fragments and the employment of strict antiseptics. Cases of the successful treatment of this injury have been published since Mr. Turner's paper, one by Mr. S. Jones,[4] and Mr. Bramwell[5] records one of compound comminuted fracture in which good recovery followed antiseptic treatment without sutures. It is curious to read a description of wiring as once practised by Professor Cooper, of San Francisco,[6] said to have been "invariably successful," in which healing by granulation, and not by first intention, was sought. To this intent lint was placed in the wound, and the limb tightly bandaged from the toes to the middle of the thigh. Silver sutures were used, the dressing changed once a week; the process was generally entirely free from pain. This process would in this country lead to suppuration in the joint and its attendant evils and dangers—would, in fact, be calculated to produce what the present method of operating aims at preventing.

[1] THE LANCET, 1886, vol. i., p. 868.
[2] Medico-Chirurgical Society, vol. liii., 1870.
[3] THE LANCET, 1886, vol. i., p. 868.
[4] Ibid., p. 874, "Mirror," referred to by Mr. Turner, but then unpublished. [5] Ibid., p. 1162, "Mirror."
[6] Med. Times and Gazette, 1861, p. 467.

Louisa B——, aged forty-one, married, mother of nine children, had been troubled with swelling around each knee for thirty-two years, and for seventeen years had had ulcers below each knee, which had broken down as soon as they healed. She slipped on the morning of March 5th, and fell against the kerb, splitting the left knee-joint open. When brought to St. George's Hospital, the patient, a pale anæmic woman, presented extensive scars, apparently from old specific ulceration, around each knee and over the left leg. There was a transverse wound across the lower part of the patella entering the knee-joint. The lower part of the fragments was small and comminuted, and the joint was full of blood clot. Ether was administered, and suture of the fractured patella after Sir J. Lister's method was practised, except that the wire was passed below through the ligamentum patellæ, the lower comminuted fragment being obviously unequal to any strain. There was for the first few days a good deal of swelling about the joint, and the drainage tubes were blocked with clear jelly-looking lymph; no suppuration, however, occurred. The drainage tubes were removed on March 16th, and from this time till April 16th the swelling subsided, and all seemed to be progressing most favourably. On the latter date, however, on dressing the parts, it was found that two gummata had formed over the upper part of the knee-joint, and had rapidly broken down. The patient had, it should be stated, been put on a course of potassium iodide. She was now, in addition, given mild doses of grey powder and reduced iron. Under this and the local application of iodoform the gummata did well, healing with great rapidity. A sore, however, whether originally a gumma or a bed-sore is uncertain, formed on the back, and this was attacked by erysipelas, evidently conveyed to her from a neighbouring patient. The erysipelas, which was of the "ambulans" variety, wandered from the buttocks down the sound thigh and leg, and subsequently affected the opposite lower extremity. In spite of this, the parts about the knee had by May 11th quite cicatrised, though the patient was very weak, pale, and debilitated. The sore on the back extended in spite of all treatment, looking like a huge, excavated, gummatous ulceration. This, however, at length took a more favourable turn, and on May 30th she was able to be moved to the Convalescent Hospital at Wimbledon. Here she remained for some twenty-six days. At first there was a temporary improvement in her condition, but soon she was troubled with very offensive diarrhœa and wandering delirium at night. The motions were so offensive that several of the other patients were affected by sore throat. She was sent back to St. George's very weak and ill, where her weakness and exhaustion increased, and she died on July 1st. Throughout the case therewas no pain in the knee-joint affected until after it was attacked by the erysipelas. Dressing the sore on the back was a very difficult matter, and was latterly, although the knee was encased in a silicate of potash splint, attended with some pain in the joint.

Remarks by Mr. TURNER.—This case was a most disappointing one. At first all went well, and it seemed not only that the woman would keep her leg, but that there was every probability of a movable knee-joint, though whether with the old cicatricial tissue in front the necessary passive motion could have been borne is problematical. The question of course arises, and was at the time considered, whether amputation of the thigh would not have been the more prudent course to pursue; but I still think the right treatment was adopted. She died of the depressing effects of erysipelas and syphilis four months after the operation on the patella. The erysipelas, it must be remembered, did not primarily attack the operation wound, but was most undoubtedly conveyed to her back from an erysipelatous sore of another patient in the same ward. But for this I believe she would have done well.

SEAMEN'S HOSPITAL, GREENWICH.

OLD FRACTURE OF THE PATELLA; SUTURE OF FRAGMENTS; RECOVERY.

(Under the care of Mr. G. R. TURNER.)

THIS case of old fracture of the patella, in which the fragments were wired by Mr. Turner, is of interest, being a successful example of the operation as performed for the improvement of the usefulness of the limb after only partial success had been obtained by other methods. We have from time to time published cases[1] in which primary suture of the patella after simple fracture has proved successful, and recorded the opinion of many eminent authorities in favour of it;[2] but, whilst the percentage of deaths on the showing of one of the strongest advocates for its employment[3] amounts to 1·4, and the treatment by apparatus involves no risk—even bony union is occasionally obtained[4]—operative measures will be resorted to with reluctance by the majority. There are certainly some which would do better under operative treatment, but no definite rule for the guidance of the surgeon can be drawn from a comparison of the published cases. When, as in this case, the limb is comparatively useless, should the operation be performed? To this the answer will usually be in the affirmative. But what are the results of treatment as compared even with those of recent suture. Söderberg[5] collected statistics of 81 cases; 41 of these were operated on by primary suture: in 37 there was a good result, in 1 ankylosis followed, in 1 suppuration, in 3 only partial mobility was obtained, and in 1 fibrous union; 38 were cases of long-standing fracture, in which the result obtained by other methods was considered unsatisfactory; in 14 there was a good result, in 8 ankylosis resulted, whilst in 3 the operation was followed by death. The mortality therefore is high. This is confirmed by the statistics of Valaguier[6] on the operation in old cases. Out of 45 operations, 22 were successful; in 9 there was partial ankylosis; in 11 complete ankylosis (in 10 of these the joint suppurated); three died. Success or failure will much depend upon the selection of cases, both as regards condition of limb and the presence of any constitutional disease or deterioration of general health—as from addiction to alcohol. It is not that sufficient care is not taken in the use of antiseptics, some of the most careful in this respect having had untoward results. In some it has been found almost impossible to bring together the fragments owing to contraction of the quadriceps muscle, which it has been necessary to divide[7] in order to obtain success. Von Bergmann in one instance did not divide this muscle, but chiselled off the tubercle of the tibia and then united the fragments, with good result. A vertical incision over the centre of the joint is usually employed in this country, though the fragments have been sutured through a transverse incision.[8] In some cases no drainage has been used, the object being to obtain primary union throughout. Mr. Turner recorded a case[9] in which the wires required removal some months after the operation, having been the cause of recent suppuration in the joint. They are, however, commonly left and rarely produce inconvenience. Ceci[10] crosses the wires obliquely, passing them through lateral incisions.

R. K——, aged thirty-five, seaman, fractured his left patella five months before his admission into the Seamen's Hospital. He was treated in the Calcutta Hospital for seven weeks by splinting and strapping. Some four days before coming to Greenwich he fell and bruised the injured knee. There was about two inches' separation of the fragments, which could be more nearly approximated when traction was made on them by the fingers. As soon as the local condition of the parts allowed, the fragments were drawn nearer to each other, and retained in better position by strapping and Malgaigne's hooks. After some weeks of this treatment, at the request of the patient the operation of antiseptic suture of the fragments was performed on June 25th, 1886. The details of the operation require no description. Both fragments were of fair size, and connected by their fibrous tissue. Two wires were used, and the twisted ends were left projecting from the wound. The temperature, after the operation, never rose above 100°, and the wound ran an aseptic course. His convalescence was retarded, however, by the skin, on Oct. 14th, giving way just above the patella during the performance of passive movement by the house surgeon; indeed, it seemed as if the quadriceps itself had separated from the

[1] THE LANCET, 1878, vol. i., p. 7. Ibid., Rose, 1879, vol. ii., p. 797, Ibid., Bloxam, 1886, vol. ii., p. 300; 1888, vol. ii., p. 621, &c.
[2] Ibid., 1887, vol. ii., p. 317, Cameron and others; 1879, vol. ii., p. 811, &c.
[3] Ibid., 1886, vol. ii., p 82. Dennis, statistics of 187 cases.
[4] Ibid., 1886, vol. i., p. 257.
[5] Ibid., 1887, vol. i., p. 331. Ann. Univ. Med. Sc.
[6] Archives de Medicine, vol. ii., p. 265.
[7] Macnamara, THE LANCET, 1879, vol. ii., p. 811. Tendo patellæ also divided in one. Royes Bell, p. 657.
[8] Deut. Med. Woch.
[9] THE LANCET, 1887, vol. i, p. 572.
[10] Deutsche Zeitschrift für Chirurgie &c., vol. xxiii., p. 239. See also Brunner in the same volume.

bone. Deep silk sutures were passed into the muscle, and by their means it was united to the fibrous tissue covering the patella. After this the patient did well, and he was discharged at his own request on Dec. 18th. The movement of the joint, though limited, was daily increasing. The man wrote, a year after the operation, to the sister of the ward, to say that the knee was as good as the other, and that he was continuing his work as a sailor. It should have been mentioned above that the union of the patella was osseous.

Remarks by Mr. TURNER.—The interest of this case lies in the fact that, in spite of the *contretemps* that attended the employment of passive movement, the man eventually recovered, with a perfectly movable joint. In these cases of suture of the fragments of fractured patella I believe that in many instances kangaroo tendon would be a better material to use than silver wire.

MANCHESTER ROYAL INFIRMARY.

SARCOMA OF THE BLADDER; INCONTINENCE OF URINE; PERINEAL AND SUPRA-PUBIC CYSTOTOMY; EIGHTEEN MONTHS WITHOUT RELAPSE.

(Under the care of Mr. WALTER WHITEHEAD.)

THE long duration of the hæmaturia in this case pointed to the presence of simple growth in the bladder, but the usual variety of sarcoma, the round-celled, was found at the operation. Had the patient applied at an earlier period, it might have presented the characters of a transitional growth; it is not very uncommon for recurrent growths to be of a sarcomatous character when the original disease was apparently innocent. It will be interesting to follow this patient, and we hope that Mr. Whitehead will be able to complete the record. So many cases are published of recurrent growth within a few months that the question of removing the base from which these sarcomata grow will have to be considered. This operation has been done in the case of epithelioma by Guyon,[1] Lange,[2] and more extensively by Autal and Sonnenberg (the last-named resected two-thirds of the bladder),[1] after supra-pubic incision. Clado[1] states that vesical growths are underlaid with a fatty pellicle of new formation, differing in nature from the malignant growth, and forming an isolating wall between the tumour and healthy parts.

William B——, aged forty-six, was admitted on July 18th, 1887. About five years ago he was seized with hæmaturia, which continued for several weeks. There was no recurrence of the bleeding for about two years, when he suffered from a second attack, which lasted for about four months. Since then the hæmaturia had manifested itself at irregular intervals, eight months having elapsed since the last attack. The hæmorrhage was not influenced by exercise, but appeared to be excited by any mental emotion. The amount of blood varied at different times; sometimes it was very considerable, distinct clots being passed, but he had never noticed that more blood was present at the end than at the commencement of micturition. The urine was quite clear in the intervals between the attacks. Micturition had never increased in frequency, nor had it been attended by much difficulty; in fact, he experienced very little pain at any time, even during the attacks of bleeding and passage of clots. During the three months previously to admission the urine had constantly dribbled away; he had been unable to pass more than a few drops on attempting to micturate, and had been obliged to wear a urinal. It was on account of his incontinence that he sought treatment.

Condition on admission.—The patient was a spare, wiry-looking man, and presented a healthy appearance. His urine was alkaline, sp. gr. 1010, of a dark colour, and contained a quantity of blood, which had reappeared that day. His chief symptoms were hæmaturia and incontinence. He made no complaint of pain, and appeared to be quite free from any signs of bladder irritation. On passing a sound, some obstruction was encountered at the neck of the bladder, but on overcoming this nothing definite could be felt: the exploration was not followed by any apparent increase in the quantity of blood present in the urine. Nothing could be felt by digital examination per rectum.

On July 23rd, under the influence of chloroform, the bladder was opened from the perineum. On inserting the finger, a soft diffused growth could easily be felt, involving the base and the posterior and right lateral walls. A considerable portion of the growth was removed with forceps through the perineal opening, but as it was evident that, owing to its extensive nature, access would be better obtained from above the pubes, supra-pubic cystotomy was performed, no rectal bag being employed, and no fluid being injected into the bladder. The anterior wall of the bladder was made to project above the pubes by a staff introduced through the perineal wound. After securing the bladder with two silk ligatures, it was opened on the staff between the two. The peritoneum was not exposed. A large quantity of soft growth was removed, partly with forceps, partly with fingers. The hæmorrhage was not profuse, and was easily arrested by irrigation with hot boracic lotion. A large-sized drainage tube was passed through the bladder, one end emerging from the perineal and the other from the supra-pubic opening. The supra-pubic wound was left open, dusted with iodoform, and covered with absorbent wool. The operation was followed by very little shock. On the same afternoon the patient said he felt very comfortable. The bladder was washed out daily with boracic lotion, and the wounds dusted with iodoform. The tube was removed on the fifth day, and the same evening the temperature rose to 102·4°, but came down again to normal on the ninth day. The perineal wound closed at the end of a fortnight, and the patient began to pass urine by the penis. At the end of three weeks the supra-pubic wound was almost healed, nearly all the urine came by the penis, and he was able to leave his bed and sit up in the ward. At the end of a month he left the hospital, both wounds were closed, and the urine was quite free from blood.

Nature of tumour.—The tumour consisted of soft flocculent tufts, presenting a villous appearance. Microscopically, it proved to be a round-celled sarcoma. In places it showed a delicate fibrillated network, in the meshes of which the cells were contained, presenting all the characteristics of a lympho-sarcoma.

Since the patient left the hospital several communications had been received from him, in all of which he stated that he was enjoying good health and following his employment. In the last communication, dated Jan. 21st, 1889, he stated that his urine was clear; he could hold it for three or four hours, the incontinence being quite cured; and he had no difficulty in passing it. He felt quite strong, and had followed his employment ever since he left Manchester. A specimen of his urine received on Jan. 28th gave the following reaction: Acid; sp. gr. 1022; slight trace of albumen; no blood.

Remarks.—This case shows the advantage of making both a perineal and supra-pubic opening in removing tumours of the bladder, which cannot be effectually removed by means of a perineal opening alone. By this method not only can the growth be more easily reached, but the bladder can be kept thoroughly drained by passing a drainage tube right through from one opening to the other. Incontinence of urine, which is unusual in malignant tumours of the bladder, was a very prominent symptom in this case, and has been quite cured by removal of the tumour. The case is also remarkable for the great length of time (five years) which intervened between the first attack of bleeding and the onset of other symptoms; also for the great relief which the patient has experienced from the operation, a life of comfort and ease being substituted for one of intolerable misery; and finally for the long period of time—viz., eighteen months—which has elapsed without any signs of recurrence.

[1] Le Progrès Médical, 1887. [2] Ann. Universal Medical Sc., 1888.

BRITISH NURSES' ASSOCIATION.—Dr. W. Square presided at a meeting of medical practitioners, hospital matrons, and nurses, on the 13th inst., at the South Devon Hospital, for the purpose of considering the objects and constitution of the British Nurses' Association, in order to unite British nurses for their mutual help and protection, and for the advancement of their professional work. The chairman introduced Miss Wood, of the Great Ormond-street Children's Hospital (a member of the executive committee), who attended the meeting to give an explanatory address. This lady entered into very elaborate details on the subject, and concluded by inviting the medical practitioners and nurses of the locality to enrol themselves members of the Association. After some little discussion and answers to questions satisfactorily given, a vote of thanks to Miss Wood, for her clear and succinct address, was unanimously carried.

Medical Societies.

PATHOLOGICAL SOCIETY OF LONDON.

Meningeal Tuberculosis.—Mucous Cysts of Mouth.—Fatty Tumour of Scrotum.—"Crateriform Ulcer" of Face.—Lympho-sarcoma of Testes.—Ossifying Sarcoma of Femur.—Dermoid Cyst of Lumbo-sacral Region.—Congenital Abnormalities of Ileum.

AN ordinary meeting of this Society was held on Feb. 19th, the President, Dr. Dickinson, being in the chair.

Dr. SAINSBURY read notes of a case of Meningeal Tuberculosis which occurred in a woman aged forty-eight. She was admitted into the Royal Free Hospital complaining of loss of power in the right arm and leg, these having come on separately. When examined, there was found considerable weakness in the right leg and doubtful weakness in the right arm, though the latter became subsequently more distinct; the superficial reflexes were absent on both sides of the body, the deep reflexes being exaggerated in the right leg; the knee-jerks were increased, and patella and ankle clonus were present. The patient was very emotional, and there were doubtful signs of hysteria. Five days after admission the patient became apathetic and delirious at night, at this stage the superficial reflexes in the right leg becoming suppressed or much diminished, the deep reflexes remaining much exaggerated in the same leg. There were no convulsions at any time, and the patient died comatose five days later. At the necropsy tubercular disease (miliary) of the upper ends of the ascending frontal and parietal convolutions, of a portion of the superior parietal lobule and also of the paracentral lobule was found. There was a small separate focus of caseous tubercle low down in the ascending parietal convolution at about one-fourth of its length above the fissure of Sylvius. There was no disease of the brain or cord besides this. The points of interest in the case were (1) that it confirmed the teachings of localisation, (2) it illustrated the value of two symptoms taken together—abolition of superficial reflexes and exaggeration of the deep ones—as evidence of organic brain disease, and (3) it showed an unusual form of miliary tuberculosis in its distribution, being chiefly over the vertex and quite circumscribed.

Mr. W. G. SPENCER then read a paper on the Formation of Mucous Cysts in the Mouth. A simple mucous cyst was excised from the lower lip and vertical sections were made. Three of these were shown and photographs of them made by Mr. Pringle. The specimen under a low power showed the dilatation of the main duct of a labial gland, to form a primary retention cyst immediately after the junction of two secondary ducts. The cyst occupied partly the position of the epithelium and partly of the submucous tissue; it was covered on its surface by the superficial layer of the epithelium; its wall was formed by small round cells, outside which the bloodvessels were dilated. The epithelium on each side of the primary cyst contained a number of small secondary cysts, varying in size. The labial gland itself was normal. Under a high power the formation of the secondary cysts was seen; at one point were natural epithelial cells with the prickles stretched across the intercellular spaces; at another point the intercellular spaces of the epithelium were dilated in a moniliform manner, the prickles being still stretched across many of these dilatations. Between the intercellular spaces so dilated the epithelial cells were in process of degeneration, a hyaline globule of mucin being seen in their substance. In other places the dilated spaces had united to form small cysts, the epithelial cells between them having broken down. The nuclei of the epithelial cells appeared to resist this myxomatous degeneration longer than the cell substance; for, besides granular débris and mucin, remains of cell nuclei were to be seen among the contents of the small cysts. The larger secondary cysts were formed by confluence of smaller ones. The interest of the specimens was twofold—first in illustrating the formation of primary and secondary cysts, and secondly in the fact that these cysts formed again after excision, unless, as it was said, the cyst wall was destroyed. These sections showed that in the present case the secondary cysts were not formed by the cyst wall, but in the epithelium around the primary cyst. An explanation of the process suggested itself; the primary retention cyst set up inflammation in the structures around its wall, and this obstructed the flow of lymph in the intercellular spaces of the epithelium, dilated them, and the cells, having their imbibition diminished, underwent myxomatous degeneration. A similar process taking place in an acute manner produced a vesicle, as described by Dr. Klein in sheep-pox, but he did not know that the production of cysts in this way had been before noted.

Mr. HUTCHINSON described a case of large Fatty Tumour of the Scrotum, consisting of ordinarily soft yellow fat well encapsuled. It had been excised from the scrotum of a gentleman of about forty-five years of age, in whom it had been growing for more than fifteen years. It enveloped the testis, and the patient had been sent up to town in the belief that it involved the gland and that removal of the whole would be necessary. It was not, however, found necessary to sacrifice the testis itself. The tumour had a tail which passed up in front of the cord, but did not in any way adhere to it. Its coverings were very thin, and it was not possible in the dissection to say whether any of the proper tunics of the cord were divided or not. No cremasteric fibres were observed; but whilst there was no proof that it was under these coverings, it might perhaps be inferred from analogy with other cases that probably it was so. Mr. Hutchinson referred to a paper by his eldest son on this point in the Transactions of the Society, in which a collection of cases was made in illustration of "Lipomata in Hernial Regions," and in which the belief was expressed that all fatty tumours found in the scrotum had been developed in the extra-peritoneal fat, and had travelled downwards under the spermatic coverings. He alluded also to a case under the care of Mr. Bryant, in which, on account of a fatty tumour enveloping the testis and adhering to it, it had been necessary to remove the gland; in this case the necropsy showed that there was a large fatty mass in the abdomen, probably continuous with that in the scrotum. In Mr. Hutchinson's own case there had never at any stage been any simulation of hernia, and the patient did not himself believe that the tumour had travelled down from the groin. It was so soft that before removal it closely simulated a large hydrocele.—Mr. GODLEE asked if in either of the specimens described by Mr. J. Hutchinson, jun., there was any trace of a cord going up towards the ring. Those occurring in femoral hernia usually had something in the form of a pedicle traceable to the ring.—Mr. HUTCHINSON replied that no case was so entirely disconnected as his with the hernial region. A case had been recorded by Mr. Gascoigne, of St. Mary's Hospital, of a large fatty tumour in the scrotum, very similar to his own case, but no proper description of its connexions had been published.

Mr. HUTCHINSON next brought forward a series of drawings and microscopic specimens in illustration of a peculiar form of Acute Epithelial Cancer of the Face, to which he gave the name of "crateriform ulcer." The cases were, he said, in their clinical features very peculiar, and had not received much attention from authors. The disease was entirely different in its clinical features from the ordinary forms of rodent ulcer, the common type of epithelial cancer of the face. The latter developed slowly, was attended by but a small amount of growth, and by a creeping ulceration. In the crateriform ulcer the growth was very rapid and large in amount. A bossy mass, considerably ulcerated and shaped usually like a bee-hive, was developed in the course of a few months, and in the centre of this softening took place, and a cavity like a crater was developed. Mr. Hutchinson could not state with precision anything about the next stage, since he had never allowed any of his cases to develop further than that described. But in remarkable contrast, in relation to rodent ulcer and most other forms of epithelial cancer, there seemed to be little or no tendency to local recurrence. In no single instance had he known the disease recur in the part from which it had been excised, nor had he observed gland disease in any. In one remarkable case in which he had excised a large growth of this kind from the eyebrow of an old woman, the part affected remained sound, but a growth of exactly similar characters developed a year or two afterwards in the opposite eyebrow. The parts had been examined by various microscopists, and all had reported that they contained elements characteristic of epithelial cancer. Sections from the last case were before the meeting. All the patients had been past middle age, and most of them were senile. The portraits exhibited

were, first, one showing the disease on the cheek of an old man; the second, one on the ala nasi of a man aged forty; third, one on the side of the nose close to the inner canthus of an old woman; and, fourthly, one from which the sections were shown on the cheek of an elderly gentleman. He regretted that he could not produce the one to which he had referred, showing the growth in the eyebrow of an old woman; for the portrait, a very characteristic one, had been lost. He did not know whether he ought to say he was sorry that he could not give any details as to the later stages of the disease; for all the cases which he had observed had remained well after operation. This fact was the more remarkable considering the great rapidity with which the disease developed. It was also one which rendered it very desirable that the characters of the disease should be generally recognised, since the age of the patient and the formidable appearance of the growth might otherwise dissuade from operation. He concluded by saying that he had not met with similar growths on any other part of the body except the face. He was inclined to suspect that these tumours owed their peculiarity to their beginning, not in healthy skin, but in moles. In two or three of his cases this was the patient's belief.—Mr. J. HUTCHINSON, jun., had microscoped a small growth from the last case described. The sections showed typical squamous epithelioma, with well-marked nests below, and a great amount of small-celled infiltration having a more than usually well-defined boundary. The down-growths broke up and branched freely, as in the more malignant forms of epithelioma. Well-marked prickle cells were observed in them. The specimen, on the motion of the President, was submitted to the Morbid Growths Committee.

Mr. HUTCHINSON then showed a Round-celled Sarcoma of the Testis from a case in which both testes had at a long interval been affected. The history was, he said, a somewhat peculiar one. A healthy old gentleman, a physician, had a slow and painless enlargement of one testis. When about the size of a hen's egg, Mr. Hutchinson excised it, believing it very suspicious as to new growth. Several microscopists, however, independently of each other and in confirmation of naked-eye appearances, said that the gland showed nothing but inflammatory hypertrophy. Eighteen months later the other gland in turn became involved. It also was excised, but not until it had attained the size of a fist. It proved to be a good example of a round-celled sarcoma, of the lympho-sarcoma type. After eighteen months of good health the patient had a tumour develop in the head of one tibia, and subsequently several new growths showed themselves in the subcutaneous cellular tissue. Under these he finally sank from exhaustion, after sustaining a spontaneous fracture of the tibia. His death occurred more than five years after the excision of the first testicle and nearly three after the second. Thus there could be little doubt that the operations had been a distinct gain as regards prolongation of life. There had been no disease of the lumbar glands. Mr. Hutchinson referred to the fact that symmetrical malignant disease of the testis had been recorded in several cases, and said that he had Mr. Butlin's authority that when this occurred the disease was usually of the lympho-sarcomatous variety. The case was of interest as showing the difficulties of recognising either by the naked eye or the microscope the early stages of the infiltrating form of round-celled sarcoma. There could be little doubt that the testicle first removed was in the early stage of this disease, yet all who were present at the operation, and who examined the specimen after removal, agreed in thinking that the diagnosis was in error and the operation unnecessary. It was a question of some interest whether the testis subsequently involved had been infected by the first. He would be inclined to think that this was probable, rather than that the disease had been originated *de novo* in each.—Mr. HARRISON CRIPPS said that there was often considerable difficulty in distinguishing collections of leucocytes from round-celled sarcoma. When he examined the specimen, his own view was that it more closely resembled a sarcoma than a fibrous growth; for at the end of a year it only showed leucocytic cells without any trace of organisation into fibrous tissue.—Dr. NORMAN MOORE agreed that there was often great difficulty in distinguishing cell infiltration from new growth. He had examined the sections, and on the whole thought it malignant.—Mr. HUTCHINSON, in submitting the specimen to the Morbid Growths Committee, asked microscopists to remember that it would now be examined in the light of the subsequent events of the case.

Mr. D'ARCY POWER showed an unusually complete series of specimens from a case of Ossifying Sarcoma. The case first came under his notice at the Metropolitan Dispensary, where a girl aged thirteen applied for relief on account of a swollen knee which was apparently due to tubercular synovitis. As the knee rapidly increased in size and a gland appeared in the groin, the patient was admitted into St. Bartholomew's Hospital under the care of Mr. Savory. A few days after her admission it was deemed advisable to amputate her thigh in the middle third. Subsequent examination of the limb showed a large ossifying sarcoma surrounding the condyles and extending along the shaft of the bone for nearly six inches. A month after the amputation the enlarged gland was removed from the groin. It was found to be so firmly attached to the femoral vein that an inch of that vessel was removed with it. The gland measured two inches across, and was of such bony hardness that it had to be divided with a saw. Two months and a half later the patient died, and Mr. Power was able to show a series of specimens illustrating the secondary growths in the lungs, ribs, and clavicles, as well as a very large deposit in the ilium. Microscopical examination showed that the growths were all of the same nature, consisting of a round-celled sarcoma imbedded in a vascular matrix of true bone. The specimens were illustrated by drawings of the macroscopical as well as of the microscopical appearances, and by histological sections of the primary and secondary growths.

Dr. LEONARD WILDE showed a Dermoid Cyst which was removed from the lumbo-sacral region of a man aged twenty-three, by Mr. Holthouse. The cyst, which was the size of a turkey's egg, was lined with piliferous skin. Four days before removal it had been opened, and the pultaceous matter and loose hairs removed from the interior. Observations made upon the cyst wall showed that it possessed tactile sensibility and perspired freely, like the surrounding skin. The tumour was exhibited to the Society on account of its great rarity and the difficulty of diagnosing such a cyst from a spina bifida tumour.—Mr. BLAND SUTTON had seen on two or three occasions spina bifida covered with skin. Theoretically, dermoids should occur here frequently. Peripheral end-organs had never been demonstrated in these sacs, but the patient possessed tactile sensibility to a high degree.—Mr. GODLEE had seen a case of spina bifida with not only a perfect skin covering, but also a large mass of fat on its surface. He had recently observed a large dermoid cyst in the chest, the wall of it possessing blunted sensibility.—Dr. DICKINSON related the case of a boy who was struck on the back of the head by a schoolmaster; it was not a heavy blow. All the signs of meningitis developed and led to a fatal result. A small dermoid was found in the median line of the cerebellum, connected with the torcular Herophili; it had been ruptured by the blow.

Mr. LEOPOLD HUDSON read a paper on Congenital Abnormalities of the Ileum, and showed three specimens illustrating some of them. The first was one of a Meckel's diverticulum, obtained from the body of a man aged thirty-three, who died of typhoid fever. It was an inch and a quarter in length, and presented at its extremity two lateral groups of saccular dilatations which took the form of small rounded knobs. It communicated freely with the interior of the gut, and had a small fold of mesentery running along its side containing pervious vessels. The second specimen came from a man aged sixty-two, who died of fatty myocarditis and pulmonary emphysema. In the ileum, thirty-six inches above the valve, was a slight external narrowing of the gut, and within was a crescent-shaped diaphragm possessing an aperture a quarter of an inch in diameter. There was no sign of cicatrix or adhesion in its neighbourhood, and the gut above was slightly if at all dilated. The third specimen was from a boy aged eight, who was in the Middlesex Hospital under Dr. Cayley's care. He died of perforative peritonitis following long-standing obstruction. At a point thirty-eight inches from the ileo-cæcal valve was found a stricture of the gut three-quarters of an inch in length, barely admitting a probe. The gut proximal to it was much distended and hypertrophied, and had perforated close to the stricture. All three specimens were held to be due to faulty coalescence, the vitelline duct undergoing in the first insufficient, and in the second excessive, closure. Mr. Hudson divided abnormalities in this region for practical purposes into two groups: the first including those cases

where the intestine was connected with the abdominal wall at or near the umbilicus; the second where there was no such connexion. In the first group were: (1) the ileum opening freely at or below the umbilicus, the chief part of the alvine evacuations being discharged by this fistula; (2) cases with a small fistula at the umbilicus admitting a probe, and occasionally allowing passage to flatus and fæces; (3) a diverticulum of ileum connected with the umbilicus either directly or by a cord; (4) a fibrous cord connecting otherwise normal intestine or mesentery with the umbilicus. In the second group would be found: (1) Meckel's diverticulum of variable size and shape; (2) slight saccular pouching of the intestine in this position; (3) slight constriction of the gut, with more or less obvious diminution of its lumen; (4) marked stricture, producing signs of obstruction; (5) complete occlusion by membranous septum; and (6) complete solution of continuity of the gut. Throughout both these groups there was a common feature, defective closure of the vitelline duct. When this closure with consecutive atrophy fell short of the normal, then fistula, diverticulum, or band resulted. When, on the other hand, there was excessive coalescence, then stricture, septum, or complete solution of continuity was found.—Mr. SUTTON said these congenital deformities occurred at two points; at the entrance of the duodenum and at from twelve to thirty-six inches from the ileo-cæcal valve. He had found many of them in the fœtus—as stricture, membranous septum, or complete division. The septa could not be regarded as hypertrophied valvulæ conniventes.

The following card specimens were shown:—

Mr. EVE: (1) Two cases of Extra-vaginal Hæmatocele; (2) Sarcoma of Forearm growing into Vein.

Dr. WETHERED: Tuberculosis of Various Organs.

Dr. DUNN: Retro-cæcal Hernia of Vermiform Appendix.

Dr. PENROSE: (1) Ulcer of Stomach; (2) Urethral Stricture.

MEDICAL SOCIETY OF LONDON.

Epilepsy with Olfactory Aura.—Surgical Interference in Acute Intestinal Obstruction.

AN ordinary meeting of this Society was held on Feb. 18th, Mr. Edmund Owen, Vice-President, occupying the chair.

Dr. HUGHLINGS JACKSON and Dr. BEEVOR read a paper on a case of Epileptic Attacks with an Olfactory Aura, from a tumour in the right temporo-sphenoidal lobe. A widow, aged fifty-three, was an in-patient in the National Hospital for the Paralysed and Epileptic from Nov. 25th to Dec. 31st, 1887. The fits began thirteen months before admission with the following aura. The patient was a cook, and while in the kitchen she had tremor of the upper limbs; she saw a strange little black woman flitting about the kitchen, and very busy, and also experienced a very horrid smell of "burning dirty stuff," with a sense of suffocation; the patient then turned to a leaden colour, the eyes became fixed, she passed her urine in the attack, but did not bite her tongue or was convulsed; the patient's sister thought she did not lose consciousness. After leaving her kitchen work she had paroxsyms of smell, but did not see the spectre. There was no headache. A week before admission she gradually got worse on the left side, and the left eye was noticed to close. On admission there was slight paralysis of the left side of the face, and the tongue protruded to the left; there was weakness, but no decided paralysis of the left arm and leg. Taste and smell were normal, as also were sight and hearing. There was no optic neuritis and no vomiting. She subsequently became delirious, especially at night-time. A month after admission she became semi-conscious, with complete loss of power in the left arm and leg. Optic neuritis was discovered only two days before she died. Dr. Jackson stated that the epileptic fits were preceded by an intellectual aura (dreamy state), associated with the subjective sensation of smell. The case helped to localise the persisting yet varying changes of instability in nerve cells connected with epileptic discharges, and it was of value in bearing on the localisation of the sense of smell in the cortex. This was the second case recorded, Dr. J. Anderson having published the first case, with olfactory aura and a necropsy, in *Brain* (xxxv.). Dr. Jackson referred to the intimate relation in these cases between the "dreamy state" and sensations of taste or smell, though these two were vastly different, and in this case the dreamy state was represented by the spectral vision of the black woman, though some might describe this as a visual aura. The account of the necropsy was read by Dr. Beevor. There was a tumour of the size of a Tangerine orange—which was examined by Dr. Colman, and found to be a round-celled sarcoma—in the extreme anterior part of the temporo-sphenoidal lobe, and extending back into the white substance of that lobe. The nucleus amygdalæ was involved, but behind the level of the uncus of the uncinate convolution only the central white substance was involved; the internal capsule and the lenticular nucleus were much compressed. The seat of lesion was in the part assigned by Dr. Ferrier to the sense of smell.—Dr. RICHARDSON asked if there had been loss of memory.—Mr. OWEN inquired if the arm or the leg were first involved in the hemiplegia.—Dr. FERRIER said the case was extremely interesting on account of its rarity. Dr. Jackson was the first to call attention to the significance of the olfactory aura, but in very few cases had a satisfactory post-mortem demonstration of its significance been made. Cases had been placed on record which nearly approached that under discussion. Ten years ago ninety cases were published, in all of which epilepsy was associated with lesion of the temporo-sphenoidal lobe, and one or two had olfactory aura. In another instance, a tumour was found in the anterior part of the temporo-sphenoidal lobe, and distinct olfactory aura with epilepsy were present; but in that case the root of the olfactory bulb passed into the tumour. Hamilton, of New York, had placed on record a case of epilepsy in a woman, beginning with olfactory aura. Post mortem, a cicatrix, several centimetres in diameter, was found in the anterior part of the temporo-sphenoidal lobe, encroaching on the uncus. This was the only lesion found. The difficulty in determining when loss of smell was present, especially in animals, had led to discrepancies in the conclusions of different observers. Irritation of the hippocampal lobule induced in animals, as evidenced by movements of nostrils &c., sensations of odour. Cases such as the one under discussion gave firm ground for believing that the chief centre of olfaction was this hippocampal lobule, which in animals was called the pyriform lobule; it was found always to vary with development of sense of smell. The callosal gyrus received some fibres from the olfactory bulb, but their termination was not known.—Dr. HUGHES BENNETT asked if temporary anosmia was present after the fits. Investigation of 500 consecutive cases of epilepsy had led him to conclude that crude explosions might occur with each of the five special senses and be followed by temporary abeyance, this temporary paralysis being the result of exhaustion. In only four of the 500 cases was there any olfactory phenomena, and in only one was he able personally to examine the facts; in this the fits were ushered in by a sensation of a sudden putrid smell, then there was giddiness and confusion without loss of consciousness, followed by anosmia for half an hour to an hour afterwards. In sight, hearing, and touch aura this abeyance was common; in the latter it was marked.—Dr. ANDERSON referred to a case he had published of a tumour in the base of the brain springing from the pituitary body, and pressing on the temporo-sphenoidal lobe, occuring in a schoolmaster twenty-three years of age. The fits commenced by a curious sensation in the hand, passing up to the head, the occurrence of a bitter taste in the mouth, and the vivid appearance in the memory of a scene of his childhood. In another case, a ball of fire appeared which changed to a farmyard. In yet another, there was constant tinnitus in the right ear; before the fit there was a ringing in the left ear, then a vision of a poor boy on a pedestal appeared, and the patient became unconscious. Under bromide and local ear treatment this latter patient got quite well.—Dr. JACKSON, in reply, said the patient became gradually demented; and Dr. BEEVOR said the history did not state whether the arm or leg paralysis developed first. A recent examination convinced him that the gyrus fornicatus gave no filaments to the olfactory lobe.

Dr. B. W. RICHARDSON read a paper on the Period for Surgical Interference in Acute Intestinal Obstruction. He excluded from consideration hernia and all chronic forms of obstruction, and confined himself to recent cases of mechanical obstruction which could not be reached from the lower bowel and were unrelieved by purgatives. He took as an illustrative case that of a man who went to bed well, and then an attack of acute abdominal pain occurred, with desire to pass fæces. Purges and enemata gave no relief; a long tube was passed without benefit; there was a slight yellow tinge on the conjunctiva, and a history of

previous gall-stone colic. A round hard substance was felt in the transverse colon, which could be made to glide towards the cæcum. A diagnosis of obstruction from gall-stone was made. Nausea only was present, but no vomiting; so a soft tube eighteen inches long was inserted, and a copious oil enema given; this brought away a fair-sized calculus. The round body ceased to be felt, the pain abated, and the nausea was greatly relieved. After a short interval, however, the symptoms recurred. Another enema, though relieving pain, failed to bring away a calculus. In a few hours the patient was suddenly seized with collapse and died. At the necropsy a large calculus was found in the ileum near the ileo-cæcal valve; it could be easily manipulated into the colon and along towards the rectum. The common bile-duct was ulcerated, and there was an abscess in the head of the pancreas. In connexion with this case he raised the following questions:—1. Ought abdominal exploration to have been performed? 2. If so, at what period? 3. Would it have saved life? In discussing this subject, he had cast about for a canon or regular rule that should guide the practitioner whether an operation should be undertaken or not. He held strongly that there was such a rule, and that was that on the first sign of stercoraceous vomiting an operation should be immediately undertaken. He did not know of a single case of recovery in acute obstruction after fæcal vomiting had set in, except where an operation had been done. He quoted three cases in which it was seen at the necropsy that operation, if done early enough, would have saved the patient. In obscure cases, as of obstruction from multiple causes, laparotomy should be certainly undertaken. Fæcal vomiting was to be looked upon as a dangerous disease, causing much pain, making it impossible to supply food, and introducing a poison into the blood. It was difficult to say when it was too late for operation; in one case, where obstruction had existed for five days, and there had been fæcal vomiting for some hours, the temperature falling and the patient sinking fast, he plunged a lancet into the cæcum and let out great quantities of fluid and fæces, and the patient made an excellent recovery. In cases of fæcal vomiting he emphasised the value of washing out the stomach and leaving a charge of warm fluid food in the viscus. He summarised his conclusions in the following manner. 1. In all cases of intestinal obstruction the use of minor measures of treatment was correct until the supervention of fæcal vomiting. 2. When fæcal vomiting commenced, the abdomen should be opened and explored. 3. Obscurity of the diagnosis ought not to prevent early interference, because (*a*) an apparently complicated case often turned out to be extremely simple, and (*b*) even if complicated relief might be given without greatly increasing the danger to the patient. 4. Clinical experience afforded too little evidence of spontaneous recovery for that method of cure to be trusted to. 5. The phenomenon of fæcal vomiting indicated more than intestinal obstruction; it was itself a toxic disease, and demanded urgent treatment. 6. The supervention of collapse did not forbid operation. Dr. Richardson showed the ingenious Allen pump for washing out the stomach and introducing fluid food.—Mr. EDMUND OWEN said that when the acute strangulation was high up there could be no stercoraceous vomiting, though the case was one of extreme urgency. Nélaton's operation of enterotomy was extremely valuable in cases such as Dr. Richardson had related.—Mr. BRYANT thought the case related was not a good one to take for a type; it was not an acute one from the first; there was nausea and great pain, but absence of the cardinal sign of strangulation—namely, vomiting. He held that in the majority of cases of acute abdominal mischief the signs were those of strangulation, and not of obstruction; the symptoms were produced by something like band or twist or internal hernia, which interfered with the return of venous blood. Cases like that related by Dr. Richardson had their own special symptoms and special history, such as that of jaundice and previous gall-stone colic. He thought the rule should be that, if symptoms of strangulation persisted, we should not wait for fæcal vomiting, but laparotomise at once.—Dr. ROUTH had seen cases of stercoraceous vomiting in human beings recover without operation, and it frequently happened in lower animals, such as dogs. He advocated large injections of belladonna, which had a great effect in overcoming spasm and troublesome symptoms, and likewise spoke highly of the value of opium and chloroform in gall-stone colic.—Dr. RICHARDSON, in reply, thought that, even in obstruction high up, the intestinal origin of the vomit would be indicated by its character, but he had not referred to that class of case. He would not admit that there was any essential difference between the symptoms of strangulation and those of obstruction. He urged that fæcal vomiting was common, and was very often the first signal of distress. His paper made no reference to cases of gall-stone colic, the value of belladonna and other drugs in the treatment of which he fully recognised.

HARVEIAN SOCIETY.

A MEETING of this Society was held on Jan. 31st, Dr. Buzzard in the chair.

Syphilitic Herpes.—Dr. SIDNEY PHILLIPS showed a patient who had been the subject of syphilis for six months, and now presented patches of herpetic eruption widely diffused over the body.

Local Eczemas.—Mr. MALCOM MORRIS opened his paper on this subject with a definition of the term "local" as opposed to "constitutional." He maintained that there was a widespread tendency in the profession to ascribe eczemas to which no obvious local cause could be assigned to the operation of the first constitutional disorder which might be found in the patient. Mr. Morris was of opinion that that group of eczemas, the cause of which could be referred to purely local action in the skin, was gradually enlarging, while, on the contrary, the constitutional group was being equally diminished. He claimed for bacteriology a very large share of the influence which had helped to bring this change about. He then proceeded to sketch the clinical appearances and features of eczema seborrhoicum. He said it was an inflammation of the sweat glands, and that it chose preferably those parts of the skin where these glands were most numerous and of largest size. There were three forms which it usually assumed: (1) the scaly, as on the scalp; (2) the crusty, as on the sternum and body generally; (3) the moist or weeping form, as behind the ears, the temples, and intertrigo regions generally. Mr. Morris then gave the differential diagnosis between eczema seborrhoicum and psoriasis and herpes tonsurans, and sketched the clinical features of eczema folliculorum. The treatment of these two eczemas was of a purely local kind, and consisted in the application of antiseptic ointments, the most valuable ingredient of which was sulphur.—Dr. STEPHEN MACKENZIE agreed with the treatment suggested, but questioned the reasons for its adoption. Undoubtedly many eczemas were entirely local in origin.

Recent Advances in the Treatment of Obstruction of the Nose.—Dr. SCANES SPICER, after expressing his conviction that the importance of the nose in the economy is not yet sufficiently appreciated, made some preliminary remarks as to the recent proofs which have been afforded by physiologists that almost the whole of the warming, moistening, and filtering of the inspired air is done in the nose; and as to the dangers and troubles which arise from the pernicious habit of mouth breathing—a necessary consequent of chronic obstruction of the nose. He also referred to the frequently observed clinical association between abnormal conditions of the nasal fossæ and walls, and many chronic functional derangements of the nervous system. As to the methods of dealing with the various forms of obstruction of the nose, he stated his preference for the galvano-cautery over chromic acid for inferior turbinated hypertrophies, because of the rapidity with which the former did its work without injury to the overlying ciliated epithelium (which it was so important to preserve), provided the platinum point was plunged into the hypertrophy and run along under the mucous membrane. For middle turbinated hypertrophies he preferred chromic acid applied on a platinum carrier under a good illumination to the exact spot required to be reduced. He advocated for polypi the cold wire snare, and condemned the forceps as wanting in precision, painful, and dangerous. The necessity of removing the fetid adherent crusts which obstruct the upper channels and sinuses in ozæna before any real improvement could be expected was pointed out, for, if not removed, the usual applications of douches &c. never reached the diseased sinuses and cells. These could only be kept clear by systematic rhinoscopy and detachment with delicate crocodile-mouth forceps of tenacious crusts. The treatment of bony and cartilaginous outgrowths of the septum by the electro-motor trephine was described, and the apparatus demonstrated. Trephining of these spurs was stated to be the most painless, quickest, safest, cleanest, and most effectual way of removing them. In considering

the treatment of post-nasal adenoid vegetations, the author always preferred, when possible, to clear out the growths at one operation by Lowenberg's forceps, the patient being anæsthetised.

ANATOMICAL SOCIETY OF GREAT BRITAIN AND IRELAND.

THIS Society met on Feb. 6th at the Middlesex Hospital, the President, Professor Humphry, in the chair. There was a very numerous attendance, and a very full list of papers were discussed. Dr. St. John Brooks brought over from Dublin, on behalf of Professor Cunningham, a further number of additions to his series of casts, illustrating the topography of the brain. These included specimens from young children, the human fœtus, and ape. Dr. Brooks also showed the skeleton of a male whose age was computed to be 105 years. The President made some very interesting remarks upon this skeleton, and said, amongst other things, that rather tall people live the longest. There were also two other communications on the nervous system, and Messrs. Anderson and Makins, in their paper on cranio-cerebral topography, tried to show that the standards at present in use were open to many fallacies; not only did the relations of the convolutions to the various bony points vary, but the bony points themselves were by no means constant. After Mr. Victor Horsley had spoken, Dr. Sherrington described a tract which he had discovered in the spinal cord of monkeys, superficial to and connected with the pyramidal tract. Dr. Griffiths made an elaborate and exhaustive communication on the anatomy of the prostate gland, in which the occasional existence of a middle lobe was affirmed, and shown to be an independent structure. A paper by Mr. Mayo Collier on the connexions and relations of the epiglottis excited an animated discussion. Mr. Lockwood showed a cast of a brain in which there was a curious abnormality of the fissure of Rolando, which, besides opening into the longitudinal and Sylvian fissures, seemed to divide and embrace in its midst an independent lobe. Finally, Mr. Hensman showed that the dorsal artery of the foot coursed over the middle cuneiform bone, and did not run as usually described. It will be seen from this brief account that the meeting was a most successful one. It was announced that the next meeting would be held at Guy's Hospital on March 6th.

ROYAL ACADEMY OF MEDICINE IN IRELAND.

Ovarian Tumour.—Vaginal Cast.—Prolapsus Uteri.—An Œdematous Fœtus.

A MEETING of the Obstetrical Section was held on Dec. 21st, 1888.

Mr. O'CALLAGHAN exhibited an Ovarian Tumour. It was taken from a woman who was for ten months under the care of Dr. O'Hanlon, of Castlecomer, and who reported the case to him. For weeks before she came into the infirmary the woman had been unable to eat anything, and he resolved on the operation as a *dernier ressort*. On opening the abdomen he found that the tumour was adherent anteriorly, and it was with great difficulty separated from the peritoneum. He was able, however, to remove the tumour quite easily. The whole of the intestines were a mass of tubercle, and were matted together with the mesentery in a lump; and the liver was completely atrophied and covered with tubercle. He washed the abdomen out, but, as he expected, the woman died on the third day after the operation. The tumour was so very large that the incision had to be made from the pubes to the umbilicus, and he had to get his hand in and break the tumour down.

Dr. F. KIDD exhibited a Vaginal Cast. The patient had had a miscarriage five weeks before he saw her. She was supposed to have been pregnant three months previous to it. He was called in to see her for hæmorrhage, which recurred at intervals of one or two days. The uterus did not seem enlarged to any appreciable extent, being about two inches and three-quarters in length. There were no inflammatory symptoms. He applied the ordinary treatment, but the case did not improve. He was puzzled, and at first thought that some portion of the abortion had remained inside and set up the intermittent hæmorrhage. The os was fairly open, and about the size of a threepenny-piece. He introduced a blunt curette, but found no obstruction. He treated her with tincture of iodine internally, but the hæmorrhage continued, and other methods also failed to stop it, including tincture of iron. He then tried a stronger tincture of iron. Two days afterwards, the hæmorrhage having stopped, she told him that on the preceding night she felt something in her vagina, which she drew out. It was like a piece of wet parchment, and he concluded that it was a portion of membrane connected with the miscarriage. Sections of it for the microscope had been made by Dr. Ball. It had proved to be squamous epithelium. The cast was evidently vaginal, and not uterine.

The PRESIDENT read a paper upon Prolapsus Uteri. Having discussed the varieties and causes of this condition, he stated that most of the causes which lead to prolapse are preventable. As to treatment, he had found massage of value in chronic inflammatory conditions of the uterus and its ligaments. He had also satisfied himself that the forcible separation of the knees caused contraction of the levator ani muscles. In the vast majority of cases it was still necessary to resort to the use of pessaries. Where the pelvic floor is incompetent, he always advised operation. Of vaginal methods he had only tried two—namely, Hegar's and Martin's,—and in one case only out of eight had a recurrence taken place.

Dr. ALFRED SMITH read a paper on an Œdematous Fœtus, exhibiting specimen, which was obtained from the extern department of the Rotunda Hospital. He considered the œdema to be universal lymphatic œdema, due to an absence of the thoracic duct and mesenteric glands, which absence Professor Birmingham, president of the Anatomical Section, after a most careful examination, demonstrated. Such a congenital defect has not been, in the human species, previously observed.—Professor BIRMINGHAM said that before he made the anatomical examination in this case he had been unable to find any record whatever of a case of a human being in which the thoracic duct was absent. The examination which he made in the present case was conducted with the greatest possible care. In the normal fœtus he found the thoracic duct without the slightest difficulty. In the œdematous fœtus the pleura was so transparent that the sympathetic and ganglionic cords, the aorta, and the vertebral column could all be seen through it. Before the pleura was touched no thoracic duct could be seen in the normal position. Then he searched behind the œsophagus and all down through the abdomen, but found not the slightest trace of a thoracic duct. In the normal fœtus was found the mesenteric gland, but not in the other. He believed this case of absence of the thoracic duct in an œdematous fœtus to be the first recorded of its kind.

WEST KENT MEDICO-CHIRURGICAL SOCIETY.

AN ordinary meeting of this Society was held on Jan. 4th, Dr. Horrocks, President, in the chair.

Ulcerative Endocarditis and Valvular Disease of the Heart.—Dr. WOOLDRIDGE, assistant physician, Guy's Hospital, read a paper on this subject. As an introduction, two cases were described, one of which was a typical case of ulcerative endocarditis, but of exceptionally long duration. The man first came under observation as an outpatient suffering from aortic disease, and with a temperature of 103°. He was admitted under Dr. Wooldridge's care. There was a continuance of the fever; the splenic dulness was increased, and the spleen tender. After six months of fever (during a part of which time the patient was under Dr. Tayler) and continued enlargement of the spleen the patient died. The aortic valves were found much diseased; there were large masses of vegetations in an ulcerative state, and the spleen was full of infarcts. The second case was that of a man with aortic disease, admitted under Dr. Wooldridge's care into the clinical ward at Guy's Hospital. There was high fever (104·5°) and all the signs of pneumonia of the left base. After a few days the temperature fell and the pneumonia cleared up. During a period of three weeks the patient's temperature continued at about 100°, and he never became fully conscious. There was no conspicuous failure of the heart's action. After death there was found to be old aortic disease; no ulcerative endocarditis was apparent, no infarctions, and no other lesions. In the course of the paper the author pointed out that he thought no strict line could be drawn between ulcerative endocarditis (admittedly a general disease of a

septic character) and ordinary cases of cardiac failure. These conclusions being supported by further clinical observations, additional remarks were made on the general treatment of cardiac diseases and the cardiac symptoms of anæmia.

Horny Growth.—Dr. ERNEST CLARKE showed a horny growth about the size of a flattened walnut. It had been growing for many years on the outside of the left leg about six inches above the external malleolus. The patient was an old lady eighty-five years of age. The growth was "shed" one night, leaving a fairly deep excavation.

Mr. J. B. JAMES showed a man aged sixty, with Transposition of Heart and other Viscera.

Notices of Books.

Précis du Cours d'Exploration Clinique et de Diagnostic Médical professé à l'Université de Bruxelles. Par le Dr. E. SPEHL. Paris et Bruxelles: J. Lebégue et Cie. 1888.—It is now more than twelve months since we noted the publication of the first fasciculus of Dr. Spehl's "Précis." The work is now completed, and we recognise with pleasure the thoroughness and extent of the plan upon which the twenty-four lectures are based. Within these limits the author has succeeded in embracing a complete survey of the leading facts in medical diagnosis, confining himself almost entirely to a succinct statement of such facts, without entering into any theoretical disquisition. Commencing with sections dealing with clinical topography and the history of the case, then a detailed examination of the urine, he passes to dwell in turn upon the information gained by the general inspection of the patient and the facts in his clinical history, then to study the subject of fever, the symptoms of pain, the information to be gained by exploratory punctures, and an examination of the blood and state of nutrition. After these more or less general matters, he dwells consecutively upon the symptoms and signs presented by diseases of the organs of respiration, circulation, and digestion, and of the urinary and nervous systems, including further special chapters on parasites, calculi, and special methods of examination. The work is thus sufficiently voluminous for a good and trustworthy clinical handbook, and is well adapted as a basis for a course of instruction. It has the merit, too, of not neglecting anatomical and physiological facts regarding each organ, before introducing the consideration of morbid phenomena and chemical pathology. The main characteristics of the book are: (1) a degree of systematisation or grouping of phenomena, which is, without further explanation, liable to mislead the tyro as to the relative importance of certain signs; (2) the free use of tabulated schemata; and (3) the introduction of diagrams, which are for the most part in outline, and obviously of value for the guidance of the teacher in making clear his exposition, but not intended to represent accurately the conditions spoken of: some, indeed, are superfluous—e.g., the sketches of the circulatory apparatus; whilst others, representing the various lesions productive of paralysis, seem to be unnecessarily repeated. Nevertheless, the work is one which collates in a comparatively limited compass a vast amount of clinical information, and is worthy the attention of the teacher as well as of the student.

The Life Register. By J. H. London: West, Newman, and Co. 1888.—This is an interesting little book, and it promises to lend an additional interest to those who use it properly. "So teach us to number our days" is the text or motto printed upon the title page, and it affords a clue to the author's well-meant intention. To retain an orderly record of the state of health, personal events, pursuits, and attainments is to keep a brief diary, which renders every personal change a matter of lasting interest and constant warning. The author has done his best in the few preparatory remarks to induce a serious frame of mind in using this Life Register. There is something peculiarly sobering in the advice to record nothing which may not eventually be suitably made a family possession; while for those who are advancing in years the closing of the Register at the seventy-second year will tend to remove much of the complacency with which tables of expectancy are regarded. For those who are willing to devote attention to the maintenance of bodily health some brief common-sense observations are appended, in which the author is careful to indicate the importance of the study of individual health and peculiarities in preference to general rules for the regulation of all. The Life Register is not so elaborate as the Life Album arranged by Mr. Francis Galton, but its extreme simplicity, its brevity, and convenient form will probably make it a favourite with those who have sufficient strength of mind to preserve such a record without becoming morbid.

The Pathology and Treatment of Displacements of the Uterus. By B. S. SCHULTZE (Jena). Translated from the German by JAMESON J. MACAN, M.A., M.R.C.S. Eng., and Edited by ARTHUR V. MACAN, M.B., M.Ch., Master of the Rotunda Hospital, Dublin. 1888.—This book, which was first published in 1873, was known as a work of reference to a large number of obstetricians. The most valuable part of it consists in the accurate clinical observations concerning the effects of pelvic inflammations on the position of the uterus. The rest of the book, especially the latter chapters, is not to our mind so good. The value of the book consists in the conclusion which it forces on the reader that displacements of the uterus, as displacements, are, broadly speaking, of no importance; but that the causes of the displacements (inflammations, tumours, &c.), on the other hand, are the causes of the symptoms. This conclusion, though it appears to us inevitable, is not, however, adopted by the author, though he treats with ridicule the idea that dysmenorrhœa is caused by obstruction to the escape of blood from the uterine cavity, and places its cause always externally to the uterine cavity. The importance assigned to "parametritis posterior" seems to us altogether exaggerated; moreover, we do not think it proved that shortening of the sacro-uterine ligaments is due to inflammation in the cellular tissue (parametritis) rather than in the peritoneal folds themselves (perimetritis). The book was worth attention in 1873, and is a book of reference even now; but we doubt whether it will be largely read, even in English, at the present day. We have been unable to discover in what the "editing" has consisted. References to literature only go (with one exception, so far as we have seen) to 1880, and no mention is made of the recent literature of the subject of displacements of the uterus, nor are any editorial notes appended to correct this deficiency. Therefore it cannot fail to be an imperfect work on the subject at the present day. The translation has been well done.

The Illustrated Encyclopædic Medical Dictionary. Vol. I. London: T. S. Clarke & Co. New York: D. Appleton & Co.—This is to be a dictionary, alphabetically arranged, of the technical terms used by writers on medicine and the collateral sciences in the Latin, English, French, and German languages, by Frank P. Foster, M.D., editor of the *New York Medical Journal*, with the collaboration of Wm. C. Ayres, M.D., of New Orleans, Simon H. Gage and Burt G. Wilder, M.D., of Ithaca, N.Y., and the following gentlemen belonging to New York: Edw. B. Bronson, M.D., Chas. Stedman Bull, M.D., Henry C. Coe, M.D., M.R.C.S., L.R.C.P., Andrew F. Currier, M.D., Alexander Duane, M.D., Henry J. Garrigues, M.D., Chas. B. Kelsey, M.D., and Russell H. Nevins, M.D. To give an idea of the dimensions to which the work will have attained when finished, we may say that the volume before us, which consists of 752 pages, has only barely reached the letter C,

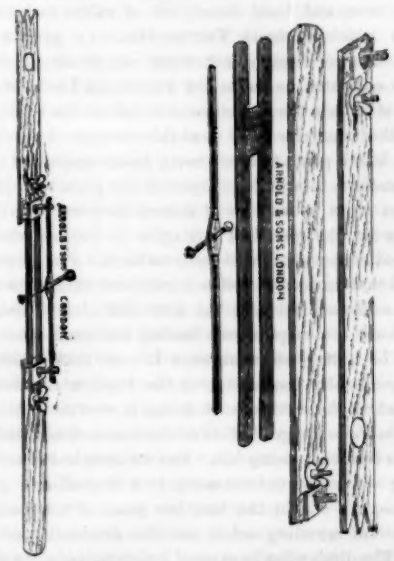
the last word defined being Cacostomus, and has takes between seven and eight years to compile. The illustrations are very numerous, elaborate, and suitable. The Dictionary, the author tells us, is intended to include all strictly medical terms that have become current at any period in our medical literature, and a few have been given that cannot be said to have gained currency, though employed by well-known writers. Terms used in the collateral sciences, though not neglected, are of course given less fully. The pronunciation is indicated by an elaborate system of hyphens and of superior figures to indicate the relative breadth of sound of the vowels. The typography is excellent, the letterpress, though necessarily small, being remarkably clear. Dr. Foster, at the conclusion of his preface, writes: "The value of a dictionary seems to me to depend upon its accuracy, the convenience of its arrangement, and its comprehensiveness; and in the preparation of this work those qualities have been esteemed in the order in which they are here enumerated. It is hoped that the work will commend itself to the medical profession." We cordially echo this hope. We shall have more to say of this stupendous work when its publication is farther advanced.

Antiseptics: a Handbook for Nurses. By ANNIE M. HEWER. London: Crosby Lockwood and Son.—This excellent little work has been written with a view to present the chief important facts with regard to the nature and method of employment of the principal antiseptics in use in surgery before nurses, in a manner which will render them easily understood and remembered. The writer, who was formerly a hospital sister, is able to put the subject in an interesting manner and from a practical standpoint, having had experience of the difficulty occasionally encountered in carrying out the system of antiseptic treatment, especially in chronic cases, without a knowledge of the theory underlying it, and the basis of experiment on which it rests. The first chapter is devoted to a consideration of the fundamental principles of sepsis and asepsis; then follow chapters on the chemical substances used in antiseptic surgery, antiseptic dressings, a comparison of aseptic and other methods of treating wounds, the duties of the nurse, antiseptics in medicine, and antiseptic midwifery. The book, which comprises about seventy pages, is very readable, and contains much information. We can strongly recommend it to those who are undergoing training at the various hospitals, and also to those who are engaged in the practice of nursing, as they cannot fail to obtain practical hints from its perusal.

New Inventions.

NEW LEG EXTENSION SPLINT.

KNOWING the great desire of the profession to maintain proper extension of the leg in fracture of the femur and in disease of the hip or knee joint, and knowing also the difficulty of arriving at that desideratum by any cheap splint at present extant, I designed and made a model of the one here figured, and, being in London, showed it to Messrs. Arnold and Sons of West Smithfield, who have excellently carried out my idea. The splint is in two halves, and when these are put together represents an ordinary Liston's long side splint (being applied like it), with the power of extension placed centrally, acting on both fragments. The two halves are made of wood, and on the adjoining ends of these are two iron clamps, with a space between them and the wood for a thin iron sliding bar, of the same strength as the rest of the splint, and which is kept firm by fitting accurately the clamps, and by two thumb-screws, one on each half of the splint. Into the clamps, and perpendicular to the plane of the splint, are fixed two iron pins, through which a double-acting screw works, bringing the halves of the splint together or separating them according to the way it is turned. The desired point of extension being attained, it is maintained by screwing tight the lower thumb-screw. The advantages claimed for this splint are: 1. Cheapness compared with other extension splints. 2. Adaptability to any leg or length of leg. 3. Portability; when taken down, it occupies no more space or weight than two short side splints.



4. Simplicity of mechanism and application. 5. Practicability for ship or country surgeons: in the former dispensing with weight and pulley; in the latter where an indefinite message of "broken leg" comes (the leg or the part broken not known). If either of the lower legs, the two halves of the splints could be utilised as side splints. 6. Accuracy in amount of extension.

Broughshane, co. Antrim. JAS. P. R. JAMISON.

SUNFACE WOOLLEN SHEETING.

THE samples submitted for our inspection are distinctly satisfactory. They are made of fine strong white merino wool, and are soft and warm to the touch. They appear to be well calculated to avoid the sense of chill so often experienced on first getting into bed, and will be particularly serviceable to invalids or old people, who so often complain that they cannot go to sleep until they are thoroughly warm. They are also likely to prove useful to those who are troubled with irritative cough shortly after going to bed. They are supplied by the Sunface Hygienic Woollen Association, of 63, Queen Victoria-street, E.C., at comparatively moderate prices.

SANITARY ASSURANCE ASSOCIATION, LONDON.—The eighth annual meeting was recently held at Argyle-place, the President (Sir Joseph Fayrer) in the chair. The report showed that the Association continued its sanitary inspection and supervision, and the issue of sanitary certificates on the plan initiated in 1881. Forty-five certificates have been given to builders and plumbers for satisfactory sanitary work under its direction. The report records, with regret, the death of the late Professor De Chaumont, F.R.S., who had been one of the warmest supporters of the Association. The financial statement for the past year was satisfactory. A resolution was proposed and carried that Dr. R. Farquharson, M.P., be asked to introduce the Sanitary Registration of Buildings Bill on the opening of Parliament. The president, vice-president, and the retiring members of the Council were all re-elected.

THE LANCET.

LONDON: SATURDAY, FEBRUARY 23, 1889.

THE terse and lucid description of rabies and its prevention which Professor VICTOR HORSLEY gave to the Epidemiological Society last week should do much, not only to enlighten us as to the Pasteurian treatment, but also to stimulate the Government to follow the examp'e of some other countries to rid us of this scourge. Indeed, it is on this latter point that we must insist again and again, for it amounts to wilful disregard of the plain teachings of common sense as well as of science to permit the opportunities for the spread of contagion to flourish when the means of suppression lie so ready to hand. Prof. HORSLEY showed that in Berlin police regulations sufficed to eradicate the disease, and that the extension of the same laws throughout the empire were having the same effect, and would be quite successful were it not that rabies was being constantly imported over the Russian frontier. In Scandinavia the result of such action is even more striking; whilst in Paris the good effect of the destruction of infected animals is already being felt. But we have had in our own country—although unfortunately to a limited and partial extent—proof within the last few years of the beneficial operation of muzzling orders and the destruction of stray dogs. The diminution in cases of hydrophobia in the metropolis following upon the regulations of 1885-6 was striking; and now that these regulations have been abrogated cases are again occurring. Similar evidence was adduced by Dr. WHITELEGGE in his Nottingham experience, and by Colonel MOORSOM from Lancashire; but the reason for comparative failure was clearly shown to lie in the fact that such legislation has hitherto been confined to the local authorities. We need not pause to meet the objection to State interference urged by some on the score of the comparatively small number of cases of hydrophobia that annually occur, nor that rabies is confined to certain areas in the north and south of England. We have only to face this certain fact, that we have among us a virulent contagious and often fatal malady, which is peculiarly horrible in its manifestations, and the presence of which in our midst excites a special dread on the part of the community, and which further is responsible for disease amongst other animals; and that we have also, according to overwhelming experience, the means to eradicate the disease. It is difficult to conceive of any argument which can be raised against the adoption of such measures. Certainly none can be raised in the interest of the canine species, for it has been proved that the objections to muzzling are purely sentimental, whilst it has also been shown that other contagious diseases, such as distemper, are greatly mitigated when muzzling is enforced. Therefore, now that such prominent notice has been given to the matter, we trust that the coming session will see an Act such as was mentioned brought into operation, and what Professor HORSLEY termed a "standing disgrace to our civilisation" removed. This part of the subject formed the closing sentences of the address, but we have dwelt on it first, since it formed the chief topic of discussion at the meeting.

The scientific aspects of the subject—the nature and pathology of rabies, the methods of its prevention and detection—interesting and valuable as they are, as illustrating a most remarkable advance in our knowledge of the disease—really take a place secondary to the simple expedients whereby it may be entirely banished. Meanwhile, however, the disease is with us, and it is most important that we should be fully acquainted with its features and with the best method of dealing with it. Professor HORSLEY commenced by defining rabies as an acute specific disease, of which the morbific agent or virus is, in all probability, a microbe. For although, with the exception of a doubtful observation of FOL, this organism has not been isolated and cultivated, yet in every respect the disease conforms to the type of maladies of the microbic class, whilst, *a posteriori*, the method of preventive inoculation adopted by M. PASTEUR is based on the assumption that the virus is of this nature. Moreover, although never yet isolated, certain facts of its history have been inferred by observation of the circumstances under which the disease is transmitted, and of its course in the affected animal. Thus has been concluded the fact that the virus (microbe) is rapidly destroyed, or at least loses its virulence, apart from its special pabulum—the living tissues—a circumstance which, as Professor HORSLEY pointed out, vastly diminishes the extension of the disease, since it limits its transmission from one living animal to another—a limitation further restricted in the fact that, so far as is known, it can only be transmitted by direct subcutaneous inoculation. The period of incubation is another interesting and important point in the history of the disease. The briefest limit following experimental inoculation is found to be six days—a period which, in the case of bites on the face in young children, has been occasionally observed in the human being. This must be borne in mind in estimating the efficacy of M. PASTEUR'S treatment, although the average incubation period following inoculation by bite is six weeks. Cases are on record where the incubation has been much longer than this, even as much as two years; but it is obvious that this point requires further investigation. The uncertainty of the duration of this period of latency has done much to add to the mental distress of the person bitten.

Professor HORSLEY then described the symptoms of the disease, and showed that the paralytic form had been disregarded before the investigations of M. PASTEUR, although in some animals—e.g., the rabbit—it is the more common of the two types of the disease. He summarised the results of M. PASTEUR'S treatment, bringing home to his hearers the fact that every case so treated is placed in one of three classes, according to the evidence adduced as to the rabidity of the animal which inflicted the bite. In the first class (A) are included only those cases where the fact of rabies has been determined by experimental inoculation; in the second class (B), those provided with a veterinary certificate of the animal's rabidity; and in the third (C), those where the rabies is only alleged "on general report." Now, of the first class—those, that is, of undoubted rabies, with which Professor HORSLEY alone dealt—it is asserted that the mortality amongst the persons bitten is 15 per cent.;

whereas of cases of the same class treated by M. PASTEUR it is only 1·36 per cent. The numbers of English patients treated at the institute during 1887-88 amount, according to the Parliamentary return, in Class A to 24 (three deaths), in Class B to 34 (two deaths), and in Class C to 17 (no deaths), so that the mortality amongst these few cases is very far above the average. It must probably be attributed to the inoculations being performed too late. M. PASTEUR'S statistics have been much criticised, the most recent critic being Mr. VINCENT RICHARDS, well known for his work on Snake-poison, in a letter to the *Calcutta Englishman* of the 21st ult. Mr. RICHARDS and others seem to ignore the fact that M. PASTEUR'S reduction of mortality from 15 to 1·36 per cent. is based upon these cases of *genuine rabies* which have been proved to be rabies by the experimental test; and although some may urge that the uncertain incubation period may still account for the survival of a certain number, it is highly improbable that the whole difference between these figures can be explained in such a way. It is expressed by Mr. RICHARDS, and was hinted at the Society the other evening, that far too much fuss is being made over the disease, which as regards total mortality sinks into insignificance beside such plagues as cholera, or even snake-bite. This is an unworthy way of viewing the subject, for if it be the fact that an antidote to rabies has been discovered, it not only means the saving of the few who are bitten by mad animals, but it is encouraging in the prospect it offers as to the mitigation of the greater scourges.

The *rationale* of M. PASTEUR'S treatment consists in applying the discovery that by exposure to heat the tissue (spinal cord) loses its virulence, but up to a certain point retains the products of the metabolism of the microbe which can check its growth. It is not strictly, then, a question of "attenuation," but rather of direct implantation of an antidote. The difference between the "simple" and "intensive" treatment lies in the mode of preparation of the material; in the latter the infected spinal cord is subjected to heat for a briefer period than in the former, and the injections are more frequent. The value of the "intensive" method in severe cases was shown in statistics from Odessa, Warsaw, and Moscow, which exhibited a very marked improvement in reduction of mortality over cases treated on the simple plan. As to the recognition of rabies, Professor HORSLEY maintains that in fully developed cases the post-mortem appearances are distinctive. The microscopical evidence of congestion and inflammation of the central nervous system, and the very marked macroscopical characters (mainly congestive) to which he alluded were, in his opinion, distinctive and pathognomonic; but the crucial test is that derived from inoculation of a rabbit. This test cannot be applied as it should be in this country, owing to the restrictions imposed by the Vivisection Act; but Professor HORSLEY'S statement that he has by this means proved the existence of genuine rabies in 70 per cent. of the animals sent him for the purpose of diagnosis shows how valuable such a measure would be if it could be widely adopted.

In conclusion, we may ask whether, failing the adoption of measures for stamping out rabies, we ought to continue to allow this country to be dependent on the Pasteur Institute for the treatment of our cases of hydrophobia. In spite of adverse criticism, that treatment has been proved to be more efficacious than any other. It is unworthy of a great country to fail to provide means for the diminution of mortality from so frightful a disease, and humiliating to have to rely on the "charity" of a foreign *savant* for relief. There would seem to be a misconception prevalent as to the scope of the Pasteur Institute in Paris. It is popularly thought to be limited to this one subject of hydrophobia, whereas that only forms one small portion of the beneficent work carried on within its walls—work that has for its aim the investigation of the nature of infective diseases in man and animals, and of the best means to prevent their spread. How long shall we wait before a like institution is established here?

THE higher literature of the age is full of regrets at the growing tension of life, the accumulating pressure of existence, and the increasing difficulty of securing that minimum of leisure which is essential to healthy physical and intellectual well-being. By no one has this feeling been more happily expressed than by NATHANIEL HAWTHORNE, who in one of his great novels writes: "It is the iron rule in our day to require an object and a purpose in life. It makes us all parts of a complicated scheme of progress, which can only result in our arrival at a colder and drearier region than we were born in. It insists upon everybody adding somewhat—a mite, perhaps, but earned by incessant effort,—to an accumulated pile of usefulness, of which the only use will be to burden our posterity with even heavier thoughts and more inordinate labour than our own. No life now wanders like an unfettered stream; there is a mill-wheel for the tiniest rivulet to turn. We go all wrong by too strenuous a resolution to go all right." Is this over-pressure in thought and action a mere sentimental fancy or a genuine evil? If real, what are its forms and upon what classes does it press most heavily? Is it part of the necessary order of things in a state of advanced civilisation, or does it admit of check or remedy?

Probably no candid observer can doubt that life in modern times is more vehement and strenuous, more taxing to mind and physique than it was in ancient days. Steam, electricity, the facilities for travel, the spread of education, the growth of competition, all these and many other causes have co-operated to this end. Yet it would obviously be a great error to judge the life of the entire nation by the conditions which prevail in the great centres of industry, commerce, and intellectual life. We have only to penetrate a little way into the rural districts of these islands to discover that the stream of progress which flows with so mighty and rapid a flood in London, or Manchester, Glasgow or Belfast, there lags behind and creeps along with almost the tranquillity and calm of the olden time. There are numerous localities not many miles from the great trunk lines of railway where the conditions of life have undergone little change in the last two hundred years, and where the impact of modern civilisation has been but slightly felt against the bulwarks of immemorial usage and ancient prejudice. But the general rule has certainly been one of rapid progress and growing tension of life. It must not, however, be too confidently assumed that this tendency is wholly or even mainly evil. Each age realises

more or less clearly its own peculiar dangers, and is very apt to ignore the evils from which its mistakes are frequently a reaction. We hear and speak much now of the evils of over-pressure, the dangers of undue excitemen We forget that mental stagnation is also evil, that intellectual inanition may carry in its train consequences even more prejudicial than over-stimulation, and that the due exercise of the faculties is as essential to their strength and activity as rest. Probably one reason why women as a class are more subject than men to the minor ailments—to neuralgias, dyspepsias, and debilities—is that their life, at least among the wealthier classes, is so frequently deficient in variety, activity, and continuous occupation. Dulness is a foe as well as over-excitement—idleness may be as evil physically and intellectually as over-work, and is undoubtedly more dangerous from the moral point of view. While, then, we think modern life is somewhat too anxious and overstrained, we must admit that it is largely free from the mischief which springs from intellectual torpor. The judicious application of the brake may be desirable, but we must not fancy that there would be any wisdom in attempting to stop the coach of modern progress, even if such an attempt were not obviously foredoomed to failure. Half a century ago men found it difficult to imagine that they should ever be able to travel forty or fifty miles an hour without physical hurt. Now we smile at such fears, and in a wider sense we may perhaps in time get so accustomed to the accelerated velocity of modern progress that we shall cease to remark or dread its speed.

The lack of leisure, which is nevertheless very real, makes itself felt largely among the commercial classes, but perhaps most of all among the professions, literary workers, and those engaged in legislation. The hard-worked lawyer or medical man, the over-taxed leader-writer, and the active member of Parliament, represent the classes who will most heartily re-echo the lament of HAWTHORNE. Is there any remedy for this state of things? Certainly not in any radical or organic change in the order of life. Such a change can never be accomplished suddenly, and we may doubt if it will ever be accomplished at all, at least within a measurable period. We must adapt ourselves to circumstances rather than fancy that we can, to any considerable degree, mould circumstances to suit us. One of the best lessons to be learnt is the absolute necessity of preventing work from degenerating into worry. It is worry that kills for the most part, not work. To learn to put forth our best powers steadily, continuously, in the proper grooves, to the proper ends, "without haste and without rest," this is one of the most precious fruits of wisdom and experience. Another valuable rule must be to seize the moments for leisure which present themselves during the intervals of work. The heart rests between the beats; why should not the busiest and most anxious among us also enjoy some relaxation even amidst the rounds of the most imperious duties?

THE circumstances connected with the sad end of the Crown Prince of AUSTRIA have, from a medical standpoint, a significance which we feel to be sufficient to warrant us in again referring to the subject. It matters not whether England still has, or has not, a claim to be regarded as the "classic land of suicide"; but it is clearly our duty to get all the teaching that we can from the occurrence of suicide, under whatever circumstances it may take place, and to place on record the points that appear to be more prominently indicated in individual cases.

Death is unavoidable, and the contemplation of it in some form is one of the keenest characteristics of the thinking principle in life. The shadow of an unnatural death makes itself felt by the presence of an especial gloom. No single human act invests itself with a wider area of speculation, of sorrowful sympathy, of regret, of repugnance, than the act of the suicide—that one violent act whereby a man voluntarily and intentionally deprives himself of life. Exceptional and terrible as the occasion must be where the strong instinct of self-preservation and the natural desire to live are made to give way to what appear to be the exigencies of a particular set of circumstances, we nevertheless hold that suicide is not necessarily and in itself an act or an expression of insanity. All other considerations apart, if it were to be laid down by the law of Christian nations that the act of suicide is necessarily the act of a lunatic, the deliberations of the would-be suicide would be deprived of a most wholesome restraining influence, in the reflection that the popular abhorrence of the act in its reprehensible and cowardly aspect would yield its place to a sort of sympathising sanction of the act as that of an irresponsible madman. The financier who commits an act of forgery or embezzles funds entrusted to him, and who, unable to face exposure, social degradation, and penal servitude, blows his brains out, is the kind of person likely to take comfort in the thought that at all events the act of suicide, if not the antecedent criminality, will be put down to disease of the brain. The point at which, short of insanity, mere nervous irritability, mental distress, or anguish of the moral sense determines the suicidal act varies, as a matter of course, with the individual himself on the one hand, and with the circumstances in which he is placed on the other.

An individual at thirty is largely what he has made himself, and, speaking from a mere worldly point of view, when he comes to ask himself, pistol in hand, whether life is, after all, worth living, the relations of the sum total of his life-experience and past conduct, *plus* the inherent potentialities of his individual nature, must be taken as standing out in the strongest possible light in regard to the present state of his feelings and to the possibilities of the immediate future. What a world of intensity there must be in that last flash of thought which culminates in the suicidal act—in cases, that is, where the capacity of reasoning still exists; for the delusional lunatic at such a moment is, as likely as not, proud and eager to carry out the behest of the star-god under whose influence he feels himself to be at work.

The influences of circumstances and surroundings have also to be considered in relation to the occurrence of suicide—the sense of hopelessness and despair induced by poverty and destitution, by physical suffering, by friendlessness, and the like, being an important factor in the great majority of cases where active insanity is not demonstrable. The circumstances in which the Crown Prince RUDOLPH was placed comprised, on the contrary, all that, humanly speaking, go to make life desirable, so far as external

appearances went: heir-apparent to an imperial throne, a man of culture and refinement, full of health and vigour, and having within his reach practically every means of making his life a happy one and of preventing the approach of those miseries that tend to make men court death. The rest of his sad story is well told in the following quotation from a leading article in *The Times* on the subject.

"It is tolerably clear, from all the evidence now forthcoming, that the Crown Prince had been for some time suffering from acute nervous excitement, which may or may not have been physically connected with a fall from his horse some three months ago, and that his mind had been turned with alarming persistence towards the probability of an early death. But this is not all. We are most unwilling to discuss the scandalous speculations current in Vienna which assign causes for the Crown Prince's mental state that cast a very grave shadow over his private life. It would be improper, however, to ignore this element in the miserable business. There is every reason to believe that the immediate cause of the paroxysm of excitement which drove him to self-destruction was the scandal produced by discreditable intrigues. His visit to Meyerling was preceded, we understand, by a violent and painful interview with his father and his wife. Whether his malady had a physical or a moral origin, it presented, apparently, all the symptoms of a well-recognised form of brain disease developing a suicidal tendency. The break-down of self-control and the terrible consequences are not, in these circumstances, any matter for surprise."

Under such a group of conditions as that here described, inherent individuality of character is submitted to a severe strain, there being, as it were, a crisis at which external things press simultaneously with full force against the mental structure, and take it very possibly at a disadvantage. As we have already indicated, it appears to us that the injury to the head which he met with became a more considerable factor in the occurrence than might at first be supposed. It is a well-known fact in medical experence that head injuries very frequently do not begin to show their graver consequences till after the lapse of weeks or months. If the brain substance happens to escape severe jostling at the time of the accident or external injury, it is often found that more chronic effects gradually extend themselves inwards from the bony and membranous investments of the brain, until at last the cortical substance of the mind organ suffers lesion from a succession of congestive or inflammatory attacks. The consequences are, first, headache, confusion of thought, insomnia, and listlessness; then more pronounced indications of mental disturbance show themselves in excitability and restlessness, hysteria, apprehensiveness and melancholia; and, finally, acute and dangerous insanity or epilepsy is apt to supervene.

During the period of headache and brain-confusion the sufferer is naturally less detached from his usual associations, and he is at the same time less able to guide himself aright, while those about him are yet unaware of the distress and sense of effort arising from his subjective symptoms. Later on, however, when the depression of mind gives rise to repeatedly expressed suicidal ideas, and when the mental balance becomes more evidently disturbed, it behoves his friends to show their anxiety for his welfare by taking all due precautions for his safety.

Whatever truth there may be in the allegation of discreditable intrigues in the case of Prince RUDOLPH, and whatever influence may be attached to them in relation to the final catastrophe, there can be little doubt that had his mind been in its normal state he would have been able to settle them, as intrigues have over and over again been settled by others in like predicament. In his case their moral effect may have come as the last straw to completely overturn a sensitive nature and to overwhelm a mind already disordered by brain lesion, and so rendered unable to resist the attacking force of circumstances. The sequence of pathological events is by no means an uncommon one in the ordinary and lower ranks of life, and there is no reason why it should not occur in a prince. The only regret is that the direful concluding act was not averted by the watchful care of friends.

IT is an encouraging proof that breadth and precision are still valued characteristics of the science and art of medicine that the annual eulogy on JOHN HUNTER remains a theme of interest to all members of the profession. Each of us may not possess the personal talents of the great surgeon and man of science, but each can appreciate his plan, can sympathise with his difficulties, recognise the solid permanence of his results, and in some degree at least emulate his example. Mr. HENRY POWER, in his recent oration—which was remarkable alike for its eloquent exposition of the characteristics of the great surgeon and for the touches of originality which the orator managed to import into it—laid stress on HUNTER'S claims as a physiologist. He showed how he exhibited in this character the best qualities of a successful experimenter. No part of his subject matter was too common, none too unusual, to deserve investigation. Its almost unexplored hugeness did not deter him from inquiries both close and general, nor did the fame of past achievements content him. That faculty of genius, the capacity for much careful work, was his in rich measure, and it was liberally applied. Imagination was not lacking, though it did not rest in the stage of mere speculation or breathe in verse the language of instinctive truths. It was to him a sense apprising him of nature's near but hidden treasures, a light of suggestion which he was careful to follow until he could determine by experiment the reality of what before he only half perceived. Well grounded in a general knowledge of his subject, quick and accurate in observation, apt in allotting to facts their proportionate value, yet able to note and follow out the teaching of significant trifles, it was, above all, his conscientious resolution to test each theory by practical examination, and to apply it in his daily work as a surgeon, which has secured for him the highest place as a scientific practitioner. For it must be remembered that in HUNTER'S case practice and theory were blended not only in the work of discovery, but in the exercise of professional duty. A versatile thinker, a skilled pathologist and anatomist, as well as a physiologist, he was likewise distinguished as a surgeon. His practical success had everything to do with his self-taught knowledge of natural law as revealed in health and in disease; but it also depended largely, as Mr. POWER observed, on his familiarity with treatment acquired in his capacity as a hospital surgeon in large practice. It is this aspect of

HUNTER'S life which gives him a special claim upon the regard of the great majority of his professional brethren. Among discoverers he is a companion and a leader; among practitioners an efficient and a busy fellow-craftsman. For these latter his work affords a lasting model of success attained in building up the fabric of medical knowledge in spite of numerous difficulties. He is the representative accomplisher of labours which it is their privilege to continue. It is common to hear men speak of a dearth of opportunities for observation, of the want of leisure, of the frequent interruptions of practice, and the consequent impossibility of much original effort on their part. We know that these difficulties do exist in every sphere and grade of medical work, and especially in general practice. With those who have to meet them we feel the truest sympathy, and it is they whom we would particularly exhort to take courage from the enduring energy of this master surgeon and fellow-worker. Here was a man who can hardly be said to have begun his professional career till he was nearly thirty, who found the theory of his art in a state of almost chaotic empiricism, but who by patient effort during twenty-five harassed years became the founder of British surgery. Let them learn from him to appreciate the value of aggregated littles, to make light of opposing circumstances, to think less of what they cannot do, and much more of what they may endeavour to accomplish.

Annotations.

"Ne quid nimis."

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

THE ordinary meeting of the Council, held on Tuesday, Feb. 12th (vide THE LANCET, page 349), presented some features of interest to the profession. The Council directed that the diploma of *Member* of the College should be issued to 109 gentlemen who had passed the required standard of examination for the Membership. Under ordinary circumstances this announcement might have been passed by as a routine statement, but, taken in conjunction with the endeavours that are being made to effect some reform in the management of the College of Surgeons of England, it may not be amiss to ask if it is right under the circumstances to employ the title, "Member of the Royal College of Surgeons"? Ought not the Council of the College rather to have the courage of its convictions and dub these young men *Licentiates*? Why does the Council cling to the name of Member, well knowing that it refuses to permit the title of Member to carry with it the rights of Membership? Every man of the so-called Members is but a Licentiate, and is viewed in that subdued light by the Council. According to precedent, these 109 "Licentiates," having received their diplomas, should have gracefully bowed to the examiners (having, of course, paid their fees), and then tamely left the building to trouble the Council no more. Now at last, in consequence of the action of the Members' Association, many of these young educated surgeons will ask themselves the natural question, "In what respect am I not a Member of my own College"? The answer can be readily given by any thoughtful representative man in the profession. It is not difficult to foresee that some of these young surgeons may swell the ranks of the disaffected, and claim at the hands of the Council their just right and privilege—*a genuine Membership*. At the same meeting of the Council the report of the Committee on the Mode of Election to the Council, and other matters relating to the Charters and Bye-laws of the College, was approved and adopted by the Council. A second Committee of Reference was nominated by the Council *from members of Council* to consider the formulæ of this report. We assume that this formulation of the Bye-laws will have reference to the new mode of election of members of Council, incident on the Supplemental Charter, which will come into force at the next election in July, 1889. It is certainly anomalous that these Bye-laws, which will regulate the mode of election amongst over one thousand Fellows, and the extended principle of representation in the Council, will practically be formulated by a majority of the Committee consisting of *only six* Fellows, without any reference to the body politic and corporate, or even of the electoral body. Surely the demand of the Fellows and Members is not unreasonable—"That no alteration in the constitution of the College or in any of its Bye-laws shall be effected without the consent of the Fellows and Members invited to discuss the same"; and surely the friction between the surgical "classes" and "masses" must develop and increase until all such transactions are submitted to the Fellows and Members of the body corporate for final ratification and agreement.

THE HOUSING OF THE WORKING CLASSES.

WITH the constitution of the London County Council the question of the housing of the working classes again comes before the public. As the local authority under Lord Shaftesbury's Acts, it may be anticipated that the Secretary of State's assent will be at once obtained to the Council's exercising their powers under these Acts should they desire to do so. The subject has been an electioneering cry throughout the whole metropolis, and many members of the Council are pledged to ameliorate the condition of the poor by improving their dwellings. Further, the London Liberal and Radical Union have met in conclave, and have called public meetings in support of their programme, and we may assume that Parliament will be asked to consider one or more Bills brought before the House during the present session for securing this object. The main difficulty with which London has to contend is the fact that special provision made for the poor already resident in London is sure to lead to an influx of immigrants from other parts of the country, and, unless the improvement of existing London go hand-in-hand with the provision of fresh accommodation, no great advance will be made. We would wish to see, therefore, the powers which metropolitan local authorities now possess fully exercised. If this were done perseveringly and efficiently for a number of years, the rent which is now paid for a squalid and unwholesome dwelling would procure a fairly comfortable home. The Commissioners appointed by the Home Secretary to report on the sanitary requirements of Bethnal Green pointed out that the immediate duty of the vestry of that district was arduous, as they had to deal with arrears, the result of prolonged sanitary neglect. In regard to many of the conditions described in that report the powers of the County Council are limited. In case of default of a local authority they will be able to make representation to the Local Government Board, but the outcome of such representation is not at once obvious. Until, therefore, the district government of London is reconstituted and the County Council have full powers to undertake duties which these authorities have hitherto largely neglected, the Mansion House Council will have ample scope for their operations. The report of this body for the year 1888 has just been issued, and gives an excellent account of work undertaken

in the metropolis; the publicity given by the proceedings of the Mansion House Council, and especially by the public inquiries held under instructions of the Home Secretary by Commissioners appointed for that purpose, have led to the improvement of London; but the work has only just begun, and the vast size of London itself presents obstacles which can only be overcome by years of industry and perseverance. The whole metropolis is indebted to the Mansion House Council for the performance of duties voluntarily undertaken, and it would be a public misfortune if the limitation of its resources should lead to the cessation of its operations. It should be remembered that money given in aid of work which aims at the prevention of disease among the poor is not less usefully bestowed than that which is devoted to the cure of the sick.

THE MEDICINE STAMP TAX.

THE chemists of Newcastle have taken what is, we think, a very wise course in meeting together and agreeing upon concerted action with reference to the Medicine Stamp Duty, which has recently been enforced in that town with special stringency. It is one of the vices inherent in an impost of the character of this one that its incidence is strangely capricious. The complicated state of the law upon the subject leads directly to this result. The ground of liability is sometimes so far from being obvious, and the ground of exemption is often so whimsical, that to anybody but an expert it may well be that both are alike unintelligible. Thus the sale of a medicament which passes unchallenged in Leeds may be visited with a fine in Newcastle; or, even in Newcastle itself, a chemist who has for years perhaps been selling a particular preparation without question is suddenly made the victim of a Treasury prosecution. This is an intolerable hardship, and it is one against which any body of men are entitled to be protected by law. It is, we believe, contrary to the traditions which prevail in juridical circles to attribute to the Crown, or to any department of the public service which represents the Crown, negligence in the pursuit of its rights. But, however useful the legal fiction may for some purposes be, there is nothing to be said in its defence when it is employed to enable the revenue authorities to make a tax a source not only of revenue to the public, but also of terror to a particular class. A statute ought to be at once passed to the effect that a penalty shall not be enforced in respect of any infraction of the Stamp Act which does not imply *mala fides* or a conscious attempt on the part of the offender to defraud the revenue. Councillor Harrison, of Sunderland, who addressed the meeting in a very forcible speech, recalled to mind that in May, 1886, the authorities undertook that no chemist should be prosecuted whom they believed to be acting *bonâ fide* until a letter had been sent warning him of the fault he was committing, and he proceeded to denounce in strong but measured language the breach of this undertaking. The resolution to which the meeting subsequently came to bring this matter to the attention of the Commissioners will, we hope, have the effect of moderating the undue and unnecessary zeal of local collectors of taxes. But that can only be accepted as an instalment of the chemists' rights, at very best. The importance of this tax, from the point of view of the Exchequer, is apt to be over-estimated, and the cost of its collection is not at all appreciated for the most part, or a speaker at Newcastle could not have been found to admit that the cost was little. In point of fact, it is probably the costliest tax to collect in the whole British scheme of taxation. When these points are duly understood by the public, the tax will be abolished, and we think that the newly organised committee of the Newcastle chemists cannot be better employed than in diffusing information on this important subject.

MANCHESTER AND SALFORD.

THE advantages which would result to Manchester and Salford by their union are becoming more generally recognised, and already the Manchester Town Council has adopted the report of a committee in which amalgamation was advocated, on the grounds that it would secure advantages in respect of administration and sanitation, and the successful development of the new port which the Ship Canal would create, and would enhance the position and prestige of the city. So much is to be said in favour of union on the ground of sanitary administration that for this reason only we may hope it will be accomplished. Manchester and Salford are practically one, and a divided administration must weaken the opportunity for improving the sanitary condition of this great city. It is probable, however, that some time must elapse before the details are settled and the necessary powers obtained. It is satisfactory to note that the Manchester corporation are proposing to make the services of the medical officer of health shortly to be appointed more largely available for all branches of their work than heretofore. To limit the health officer to advising the Health Committee only is assuredly a mistake; although his services would be most frequently required in connexion with the work the Health Committee undertakes. Manchester will no doubt endeavour to secure a trustworthy adviser in regard to its sanitary questions; it has already taken a prominent position through the success which has attended its system of conservancy; and the corporation will doubtless aim at providing for itself, and possibly for Salford in the future, the most competent health administrator whose services may be available. The appointment about to be made will be watched with no little interest by those who desire to see the sanitary condition of Manchester and Salford continue to make progress.

POISONING BY COAL STOVES.

SOME alarm has lately been caused by the occurrence of several fatal accidents due to the use of coal or charcoal burning stoves. Our last issue contained a note by our Paris correspondent quoting the observations of Dr. Lancereaux, to the effect that stoves of this kind, as now constructed and commonly used in Parisian bedrooms, were a frequent source of injury, not only by acute poisoning, but by chronic impairment of health. According to this authority, even fairly efficient ventilation of rooms does not guarantee immunity from the insidious and destructive blood-changes thus occasioned, and the mischievous influence is apt to spread, by way of leaking chimneys &c., from one apartment to another. In a similar way the use of cab-warmers filled with lighted charcoal dust, to which we referred some weeks ago, has on several occasions led to fatal consequences. Nor are accidents of a like nature unknown in this country. Last Saturday, at a village in Wales, four persons were found in the sleeping-room of a small cottage overcome by the fumes from a coal stove. In the case of two all efforts at resuscitation failed. In this instance the poisoning of the atmosphere was attributed to the fact that a high wind prevented the escape of smoke from the stove chimney. Practically identical circumstances appear to have determined the result in other recorded cases. This kind of stove is very commonly deficient in draught. Hence it happens that combustion is slow; the oxides of carbon do not easily escape by the usual outlet, and they consequently find an exit at any other convenient point. We are not aware that the ordinary gas stove is equally liable to this objection. Thanks to the heat evolved, its up draught is fairly strong. The facts above stated must, however, convey a caution with regard to stoves in general, and those which

burn coal or coke in particular. These latter possess the advantage of economy, but their safe use is only compatible with good heat, a sound and clean chimney, and a free draught, aided if possible by a revolving chimney-top. It should be remembered also that the combustion of ordinary coal, if more costly, is also safer in respect of its gaseous products than that of coke or charcoal.

THE SALFORD ROYAL HOSPITAL AND ITS MEDICAL STAFF.

IT would appear that a general meeting of the trustees and subscribers to the Salford and Pendleton Royal Hospital and Dispensary was held on the 13th ult., at which various proposed new rules were considered. The Medical Board, by a majority of 5 to 1, wished to have a rule to the effect that "every candidate for the office of surgeon or assistant surgeon shall be a Fellow of one of the Royal Colleges of Surgeons of England, Edinburgh, or Ireland, and shall be on the Medical Register." It was argued that the qualifications of a Member of the College were not a sufficient guarantee of his fitness for the appointment in question, and that it was desirable, in the interests of the hospital and of the patients, that those appointed should be Fellows, and not merely Members. Only trustees were allowed to vote, and the recommendation of the majority of the staff was then lost. It seems a pity that this was so; the almost unanimous agreement of the staff on a matter which affects the increased efficiency of the hospital should have received more weight. There can be little doubt as to the greater fitness for hospital appointments of those who have undergone the necessary course for the Fellowship at the Colleges than those who have simply taken the Membership, both as regards general and special training. The rule now stands as follows: "Every candidate for the office of surgeon or assistant surgeon shall be a Fellow of one of the Royal Colleges of Surgeons of England, Edinburgh, or Ireland, or a Member of the Royal College of Surgeons of England, or a Master of Surgery of Victoria University, and shall be on the Medical Register." So a Member of the Royal College of Surgeons would have the right to apply for such an appointment, whereas a Doctor of Medicine and Master of Surgery of London, Oxford, or Cambridge, without that diploma, would be ineligible.

OVERWORK ON RAILWAYS.

IF we are to accept in evidence the figures of a contemporary, the minds of railway directors do not seem to feel severely their responsibility for the overwork of their *employés*. A statement lately published by this authority informs us that during last month almost all the signalmen, engine-drivers, firemen, and goods guards on one line were at some time or other on duty for longer than the usual period. Probably as much might be said of the men employed by many other companies. On the line in question thirteen or fourteen hours appears to have been quite a common term, fifteen and even eighteen by no means unusual. It is at the least very doubtful whether the practice of working overtime should be permitted in the case of railway officials. The conditions of their calling are very different from those of other workmen. The responsibilities, the need of alertness and vigilance, and the perplexities of their position are much greater, while at the same time the difficulties and risks interposed by changing weather, fog, and darkness are increased also. In these circumstances most unprejudiced persons will admit that a working day of twelve hours, with little or no interruption of duty, must try materially the senses and energies of any ordinary man. If the teaching of repeated and disastrous mistakes hitherto attributed to fatigue is of any value, there is danger to public safety when this limit is much exceeded. We are well aware that pressure of business, weather, and the like may occasionally necessitate overtime work, but such apparently systematic excess as that above mentioned is not to be explained by merely accidental circumstances. The very prevalence of such a condition is proof that a department is doing its work short-handed. What is really needed is a larger staff of *employés*. The lack of these may, indeed, effect a present gain to the dividends, but this might prove too dear a saving if it were secured at the cost of a railway disaster, and experience teaches that this contingency is not an improbable one.

REMARKABLE TENDENCY TO MULTIPLE PREGNANCIES.

A REMARKABLE instance of tendency to multiple pregnancies occurring in a Portuguese woman was communicated to the Lisbon Medical Society at a recent session by Señor Pereira da Cruz, of Aveiro. The subject of the communication, who is now fifty-five years of age, began to menstruate at seventeen, but suffered from chlorosis and amenorrhœa till she was twenty-four. From that time till she was thirty-six she menstruated regularly, but then a kind of premature menopause occurred, which was followed by profuse menorrhagia. During the seven years that her periods were regular she had four confinements, all of them attended by midwives, so that details are not available. At the first she gave birth to twins, which were either stillborn or died soon after birth. The next year she gave birth to triplets, two boys and a girl. Five years subsequently she gave birth to quintuplets, the eldest living fifty days and the second twenty-eight hours, all the rest being stillborn. Two years after this she had her last confinement, the only one that was single; here the child was stillborn. The woman seems to belong to a family in which the tendency is hereditary, as two sisters as well as an aunt are stated to have been the subjects of similar multiple pregnancies.

FORENSIC MEDICINE IN BELGIUM.

A SOCIETY OF FORENSIC MEDICINE has just been formed in Belgium for the purpose of furthering the study of that important branch of medical science, which would appear from an article on the subject in the last number of the *Presse Médicale Belge* by Dr. Malvoz, of the University of Brussels, to be somewhat neglected in Belgian universities. Professor Vleminckx, of Ghent, has, however, introduced some excellent reforms, having for their object the practical instruction of students in medico-legal investigations. In this University alone can practical teaching be carried on by the professor, as he combines with the duties of his chair those of official medico-legal expert. In the Universities of Liège, Brussels, and Louvain the professors of forensic medicine, however willing they may be to devote themselves to practical instruction, have no opportunities of doing so, as they are not official experts, and so, having no material to work upon, are obliged to content themselves with theoretical teaching. Thus it not unfrequently occurs that, when a medical man in the country is instructed by the magistrate to make an examination, the task has to be undertaken without adequate knowledge of the steps to be followed, and consequently his report has not the value that it ought to have. The new Society is anxious to get a special diploma of "Medico-Legal Expert" created corresponding somewhat to our diplomas in Public Health. A proposal of this sort is now occupying the attention of the Government. If it should ultimately become law it will have a considerable effect upon medical education, for it will oblige laboratories to be founded

in connexion with the chairs of Forensic Medicine, and necessitate some arrangement being made for the presence of students at a considerable number of the examinations that take place. There is now no need that these examinations should be conducted in secret, since by a recent law the accused is allowed the right of being represented by a medical man at all investigations that are made. Another object which the Society of Forensic Medicine has in view is the raising of the fees allowed for examinations. According to Dr. Malvoz, a delicate investigation may be ordered by the courts which may take several hours to carry out, and the total fee allowed may perhaps be but ten francs. Again, over and above this, it is understood that an intimation has recently been conveyed to the courts that they must strive to reduce the expenses of medico-legal investigations to the lowest possible figure.

INSANITARY HOUSES.

INTENDING house occupiers need to be cautioned that the letting of an unfurnished house does not carry with it any guarantee that it is in proper sanitary condition. In a case heard last week in the Court of Queen's Bench, the plaintiff claimed compensation for injury to the health of his wife and himself, resulting from the faulty condition of the drainage. The report of the case gives no reason for thinking that there was any question as to whether ill health resulted from the defects found, but the evidence was conflicting as to whether the defendant, in letting the house, had stated that as regards health "it was all right." The jury believed the evidence of the defendant, and the plaintiff was nonsuited; the plaintiff, in fact, had failed to make out that he had by wilful misrepresentation been induced to become tenant of the house. The lesson to be learnt is the necessity for a written guarantee in all such cases; if this be refused, the intending occupier may not unreasonably ask that his agent or adviser may make independent examination of its condition. From what we know of the condition of the majority of London houses, we are convinced it will be a safe assumption that a house for which a guarantee is refused is defective.

DEATHS FROM VIOLENCE IN ENGLAND AND WALES.

FEW persons, except those who have reason to consult the reports of the Registrar-General, realise the fact that more than eighteen thousand deaths are annually attributed to various forms of violence in England and Wales. From the recently issued Fiftieth Annual Report of the Registrar-General, we learn that the precise number in 1887 was 18,125, of which 15,518 were referred to accident or negligence, 2234 to suicide, and 352 to murder or manslaughter. The total deaths from violence were equal to 642 in each million of the estimated population in the middle of the year, which we are told slightly exceeded the rates recorded in the two immediately preceding years, 1885 and 1886, but was lower than the rate in any previous year of which we have record. The death-rates from violence in 1887 showed very considerable variations in the different registration counties, and, generally speaking, were far higher among the populations engaged in mining and industrial occupations, than in those counties whose populations are mainly engaged in agriculture. The lowest county rates per million in 1887 were 430 in Buckinghamshire, 438 in Bedfordshire, and 456 in Cornwall; the rates in the other counties ranged upwards to 704 in Lancashire, 716 in London, 729 in Devonshire, 743 in Warwickshire, and 763 in Herefordshire. With regard to the 15,518 deaths resulting from accident and negligence, the proportion to a million living in England and Wales was 549, and was lower than in any previous year except in 1885 and 1886, when the accident-rate was 542 and 534. The death-rate from accidental violence is always far higher among males than among females, and in 1887 it was 808 and 304 per million respectively in the two sexes. But for the inexorable logic of the Registrar-General's figures, it would be hard to believe that an army of more than 11,000 males (including, of course, a large proportion of children) are killed outright annually in England, in addition to a still larger number more or less permanently maimed, by accidental violence. The 11,103 deaths of males from accidental violence in 1887 included 867 from accidents in mines, 714 from railway accidents, 1316 from accidents from other vehicles and horses, 2400 due to falls, blows, machinery, &c., occurring for the most part in industrial occupations, 1084 to burns, scalds, and explosions, 2219 to drowning, 1012 (mostly infants) to suffocation, and 234 to poison. The 234 deaths ascribed to suicide in 1887 give a rate of 80 per million, corresponding with the rate in 1879 and in 1886, but exceeding the rate in any other year on record. The rate from suicide in 1887 was 122 per million for males and 39 for females. It has long been known that the rate from suicide bears a somewhat constant relation to the amount of education in the various classes of the population; and it would appear that the national death-rate from suicide has recently been advancing with national progress in elementary education.

THE DRINK BILL FOR 1888.

IT is satisfactory to learn from Dr. Dawson Burns's letter, and an investigation of statistics, that the drink bill for 1888 is slightly less than in 1887, making allowance for increase of population. We hope there is a growing appreciation of the fact that alcohol is a very serious thing to play with, and that only people of exceptionally strong constitution can take it careleasly with impunity. We must remember that an enormous number of people nowadays take none, or only the very weakest forms of alcohol, and these with their meals; and that the prodigious quantity still consumed is taken by an ever-increasingly smaller number of persons, to the destruction of health and life. No doubt, the chief hope for a greater reduction in the deadly and unprofitable bill for drink is in the growth of intelligence and information, and in better social legislation. But we by no means admit that nothing can be done to improve drink legislation, or to mitigate the temptations of the present enormously overgrown public-house system, and the almost equally bad system of drinking in confectioners' shops. These are evils that have been largely created by legislation, and legislation, if it were worth the name, might do much to remove them.

COMPARATIVE THERAPEUTICS IN ITALY.

A COMMISSION on the treatment of maladies in the brute creation has just concluded the first stage of its inquiries at the Ministry of Agriculture in Rome. The diseases to which oxen, sheep, and pigs are specially prone were considered in their therapeutic as well as prophylactic relations, and the reports embodying the results of investigations by experts were submitted to the Commission. Inoculation for charbon on the Pasteur system was the subject of animated discussion, resulting in not a little divergence of opinion; and so the Commission, with a view to a fresh series of experiments, issued, before rising from its sittings, the following "order of the day": (1) That a complete history of carbuncular vaccination in Italy be compiled; (2) that the reports on the subject be printed and distributed to the members of the Commission one month before its next meeting; (3) that the statistics of the vaccinations

be prepared according to a formulary established by the Minister of Agriculture; and (4) that, on these conditions, the experiments in carbuncular vaccination be carried out with rules that furnish the amplest guarantee of their satisfactory execution. Meanwhile, the printed reports on the other topics of the Commission form a valuable contribution to comparative medicine.

ANTI-QUACKERY LEGISLATION IN THE UNITED STATES.

WELL done the democracy of the United States! Admitting that since our own Legislature has become more democratic it has done some good work—such as in the Education Acts, open space legislation, and the provision for determining bad property, &c.,—we have sometimes felt that it was weak where it should be strong, and was in too much need of sensational and party tactics as a stimulant to action. It is getting some good lessons, if also a few cautions, from the democracy of America. The last lesson is in legislation against quackery, which our readers would notice with satisfaction to be reported in the letter of our New York correspondent last week. In many of the States laws have been passed regulating the practice of medicine. In Illinois, more than 3000 so-called "doctors" were compelled to take down their names and retire to other business, or leave the State. An eclectic, which means anything—whose right to practice was challenged,—being defeated in all the State Courts of West Virginia, fortunately had the courage to appeal to the Supreme Court of the United States. And this high and final Court has entirely sustained the State Courts in their decision in favour of the right claimed by the State Board of Health of West Virginia to make rules for the regulation of the practice of medicine. All States which have any respect for the life and health of their people will be encouraged by this decision to assert their right to protect them from the army of impudent quacks which have evidently fattened on the ignorant part of the population. What a conception of the scale of quackery in America is to be gathered from the fact that in a population of only 3,077,871 there should have been 3000 quacks that can produce no proofs of medical education.

ISOLATION HOSPITAL FOR CARDIFF.

THE need of a proper infectious hospital for Cardiff is so strongly felt that a deputation from the Cardiff Medical Society and the Ratepayers' Association have recently waited on the Town Council to urge its provision The existing building is stated to be altogether unfit for the purposes to which it is put; many persons are in consequence debarred from using it; and, according to one of the deputation, deaths which have occurred there are locally set down to its not being weather-tight or properly adapted to the reception of the sick. Mr. Vachell urged further that if a general Bill as to the notification of infectious diseases were (as many believe it will be) passed this year, the need for such an institution would be more than ever felt; and the local medical profession have asked that a site of not less than five or six acres should be secured for the purpose. After the deputation had retired a definite site was proposed, but one member of the Council moved that it should be rejected, a step that would have involved the further postponement of a subject that is alleged to have been already three years under consideration. The site in question covers some six acres on Canton Common, but against its acquisition it was pointed out that it was bounded by two railways, a wide road, and bone-crushing works. In the end a resolution was passed to the effect that the permission of the Local Government Board be sought to use the site for the purposes of a hospital.

HYDERABAD MEDICAL SCHOOL: CHLOROFORM INHALATION.

ON the 25th ult. their Royal Highnesses the Duke and Duchess of Connaught distributed the prizes to the students of the Hyderabad Medical School. Surgeon-Major Lawrie, M.D., the Principal of the School, delivered a short address on the occasion, in the course of which he said the male and female students at that institution enjoyed, in many respects, practical advantages of which very few European schools could boast. They had made experiments with reference to the effects of chloroform, which had conclusively decided a question which has been in dispute ever since chloroform was first introduced. They had killed with chloroform 128 full-grown pariah dogs averaging over 20 lb. weight each. What they found was that, no matter in what way it was given, in no case did the heart become dangerously affected by chloroform until after the breathing had stopped. The speaker added that, in the 40,000 or 50,000 administrations which he had superintended, he had never seen the heart injuriously or dangerously affected by chloroform. He had no doubt deaths would go on occurring until the London schools, which of course influence the whole world, either entirely changed their principles and ignored the heart in chloroform administration, or else confined themselves exclusively to the use of an anæsthetic like ether, which, with all its disadvantages, they know how to manage.

NEGLECT OF VACCINATION.

A FINE has been imposed on a medical officer of health for neglecting to have his children vaccinated. He alleged that they were not in fit condition, but he omitted to sign a certificate of postponement of vaccination, which is the method the law provides when ill health can properly be pleaded as justification of delay. The children were inspected by the bench, and the chairman remarked that they looked as strong and healthy as the generality of children of their years. Assuming that there was no sufficient reason for the non-performance of vaccination, we cannot but regret that a medical man holding an office which was instituted for the prevention of disease should have set an example only too likely to be followed by unskilled persons. During 1888 we note that no death was registered as occurring from small-pox in his district. The terrors of small-pox are at such times likely to be forgotten, but a medical officer of health who fails to impress upon the residents in his district the danger to which they would be exposed if they remained unprotected at the time of the next visitation of this disease is incurring a serious responsibility.

UNJUSTIFIABLE EXPERIMENTS.

ANIMAL tissues, both dead and living, have already been subjected to so many electrical experiments of a precise character that there seems to be little, if any, justification for the rough-and-ready methods lately reported to have been carried out at Barnum's menagerie. On this occasion a variety of animals seem to have been operated on by means of a strong Leclanché battery, apparently for the purpose of demonstrating the irritability and the electrical resistance of their tissues. The shock was applied in the most general way, from the neck to the hind feet, from the mouth to the tail, and so on. As was to be expected, widely different effects were observed. Beyond the fact that the smaller animals were usually more sensitive than the larger, and that some, like the apes, of a high developmental type, exhibited greater resistance than those below them, nothing of consequence seems to have been recorded. Severe nervous excitement and after-prostration were apparent in a number of cases, and one subject had to

be killed. On reading an account of these observations, we fail to see that any approximately exact information has been gained by their means. Nor is it easy to see what value, physiologically or practically, can be attached to such experiments. On the other hand, a good deal of suffering has been inflicted which in the circumstances we can only regard as both cruel and useless.

DR. CROCQ ON BLOODLETTING.

DR. CROCQ, speaking recently at a meeting of the Belgian Academy of Medicine, took up the cudgels in favour of bloodletting. He pointed out that abstraction of a moderate quantity of blood diminishes the intra-vascular tension and stimulates the vaso-motor centres, thus diminishing the lumen of the vessels. The pulse is in this way accelerated, but soon regains its normal frequency; the heart acts more easily, its movements meeting with less resistance; respiration becomes freer, and the patient feels more at his ease; a new stimulus is given to the movements of nutrition; and, finally, there is a retardation of the organic combustion in consequence of the diminution of the quantity of oxygen taken up by the blood, by which the formation of carbonic acid is retarded, and the temperature therefore goes down. Remarking on the objection frequently urged against venesection—namely, that by the abstraction of a large quantity of hæmoglobin and of albumen hydræmia is produced and serious nutritive morbid changes set up,—Dr. Crocq declared that this was all very well in theory, but that it did not occur in actual practice, for no medical man bleeds repeatedly in sufficient quantities and at such short intervals as to cause mischief of that kind.

MEDICAL COUNTY COUNCILLORS.

WE have received the following additional returns of medical men elected to sit on the County Councils:—

Isle of Ely.—Western Division: Wm. Jas. Merlin, Esq., L.R.C.P. Ed., &c.

Middlesex.—Chiswick and Turnham-green: Wm. Bruce Gordon Hogg, Esq., M.D. Ed., &c.

Radnorshire.—Knighton Urban Division: Charles J. Covernton, Esq., L.R.C.P. Ed., &c.

Wilts.—New Swindon Division: John G. Johnson, Esq., L.R.C.P. Lond., &c. There were eleven competitors for the five seats, and Mr. Johnson was returned at the head of the poll. His platform was "Sanitation," "Public Health," and "Improved Management of Pauper Lunatic Asylums."

ALDERMEN.

Middlesex.—John Langdon Down, Esq., J.P., M.D. Lond., &c.; Henry Bailey Lingham, Esq., L.R.C.P. Ed., &c.

Radnorshire.—Wm. Bowen-Davies, Esq., L.R.C.P. Lond., &c.

PAUPER NURSING IN ISLINGTON.

THE Local Government Board has addressed a letter to the Islington guardians urging upon them the desirability of providing a staff of trained nurses for the poor in their workhouse on the same scale as adopted in other Poor-law establishments in the metropolis. The guardians are satisfied with existing arrangements. The Local Government Board differs from them on this point, and argues that the deaths in the establishment are very numerous, and that in this respect it does not compare favourably with other institutions of the same kind receiving a similar class of patients. The letter of the Local Government Board has been referred to the St. John's-road Workhouse Committee for consideration and report, and we trust that this committee will not hesitate to give effect to the views of the central Board, which are based on an ample experience of the requirements of the sick poor.

NOTIFICATION OF DISEASE.

AN effective address in favour of notification of infectious disease was delivered in the Parkes Museum Sanitary Institute on Thursday, Feb. 14th, by Dr. Whitelegge. Dr. Whitelegge speaks with authority, as the medical officer of health of Nottingham, and late medical officer of the Fever Hospital, Sheffield. He insisted that what was essential was notification by the medical man, and that wherever introduced it came to work without friction after a year or two. It was especially effective, he said, in the case of scarlet fever and small-pox. In Nottingham more than two-thirds of the cases of scarlet fever are known to the sanitary authority within four days of the rash, and more than a quarter within twenty-four hours. Two-thirds are removed voluntarily to hospitals, with few exceptions, within two or three days.

CANCER INQUIRY AT LEICESTER.

DR. H. TOMKINS, the medical officer of health of Leicester, has issued a circular letter to members of the profession in his district, asking them, in notifying a death from any form of cancer, to give as far as possible details as to the organ or part affected, and also the nature of the cancer. Reliable statistics on the prevalence of cancer will not be available until some such plan of certifying is universally adopted, and it is to be hoped that the example set by Dr. Tomkins will be followed.

FOREIGN UNIVERSITY INTELLIGENCE.

Catania.—Dr. Curci has been appointed Professor Extraordinary of Pharmacology.

Dijon.—M. Deroye, Professor of Medicine, has been appointed Director of the Medical School in succession to M. Gautrelet, who has resigned.

Gottingen.—A valuable anatomical and pathological collection has been presented to the University by the Brunswick Government.

Greifswald.—Dr. P. Krabler has been promoted to the chair of Medicine.

Kiel.—Dr. B. J. F. Fischer has been raised to the rank of Extraordinary Professor.

Mexico.—Señor Don Dr. José Ramos has been appointed to the chair of Ophthalmic Surgery, vacant by the death of Don R. Vertez.

Nancy.—M. Demange, *agrégé*, has been selected by the Faculty to be recommended for the Professorship of Forensic Medicine, which has become vacant by the resignation of M. Tourdes.

Naples.—Dr. A. Buonomo has qualified as Lecturer in Operative Medicine.

Vienna.—Professor Kahler, of Prague, has now been definitely appointed to the late Professor Bamberger's chair of Medicine. As has been for some time expected, Professor Schrötter, the well-known laryngologist, has been charged with the establishment of a third clinic.

Zurich.—Dr. Philip Stöhr, of Würzburg, has been appointed to the vacant chair of Anatomy.

DEATHS OF EMINENT FOREIGN MEDICAL MEN.

THE deaths of the following eminent foreign medical men are announced:—Dr. K. Werigo, consulting physician of the Nikolaï Military Hospital, St. Petersburg; Dr. Brunnsteiner, of Bacharach, in consequence of a wound accidentally

incurred while performing a minor amputation; Staff-Surgeon General R. Tobitschek, of Gratz; M. Moitessier, Professor of Physics in the Medical Faculty of Montpellier.

WE understand that a dinner in connexion with the Volunteer Medical Staff has been arranged to be held at the Holborn Restaurant, under the presidency of Sir Thomas Crawford, on Saturday, March 2nd, at 7.30 P.M., tickets for which can be obtained of the manager of the restaurant. It is hoped that, as this is the first meeting of the Volunteer Medical Officers' Mess since the reorganisation of the service, a large number of medical officers will endeavour to be present. Lord Wolseley and the whole of the members of the late War Office Committee, together with other distinguished officers, will, we are informed, be present as guests.

YELLOW FEVER is stated to have broken out at Versailles, and to have numbered thus far four victims. It has been suspected that the disease has been imported from South America by means of parrots, whose plumage is suspected of having harboured the contagium.

SURGEON-MAJOR J. C. HAVERTY, late 52nd Light Infantry, who died in London last week, saw considerable service in the Crimean War and during the Indian Mutiny, for both which events he received the medals with clasps. He became Surgeon-Major in 1869, and was placed on half-pay in 1870.

THE Council of King's College, London, at their meeting on the 8th inst., appointed Dr. D. Ferrier, F.R.S., Professor of Neuro-pathology, on his resigning the chair of Forensic Medicine. Mr. W. K. Dale has been appointed Demonstrator of Bacteriology.

IT is expected that a Medical Commissionership of Lunacy will shortly become vacant by the resignation, through ill health, of Dr. Rhys Williams. The post, which is worth £1500 a year, is in the gift of the Lord Chancellor.

THE Executive Committee of the General Medical Council will meet on Monday, the 25th inst.

Pharmacology and Therapeutics.

SUGGESTION FOR CHLOROFORM LINIMENT.

MR. PETER BOA recommends the employment of soft paraffin instead of olive oil in the preparation of chloroform liniment, on account of the thinness of the ordinary preparation. He suggests that an ounce of camphor should be dissolved in five fluid ounces of chloroform, and that sufficient soft paraffin should be added to produce ten fluid ounces. This preparation is open to the objection that it might not be readily absorbed, but in a large proportion of cases the effect desired is due to the rubbing, which is certainly facilitated by soft paraffin.

EAST INDIAN IPECACUANHA.

Some few months since a quantity of spurious ipecacuanha was brought into the London market from India. It became known as East Indian ipecacuanha, but its botanical origin was never traced, though it was supposed to be the produce of some plant belonging to the natural order Aroideæ. This is now said to be the case, the plant producing the so-called ipecacuanha being the Cryptocoryne spiralis. A further quantity of this root has recently appeared in the London market, but whether it will find a sale and become an article of commerce is very doubtful.

HOW TO DISTINGUISH ANTIFEBRIN FROM PHENACETIN.

Antifebrin and phenacetin are sufficiently alike externally and of such different values pecuniarily that it is possible that an endeavour might be made to adulterate the one with the other. It is therefore well to know the chemical reactions distinguishing them. These, according to Schwarz and Ritsert, are as follows. 1. One gramme of phenacetin is heated with two centimetres of solution of caustic soda, and a few crystals of chloral hydrate are added. If the phenacetin is pure, an agreeable aromatic odour is evolved; if antifebrin is present, the odour is extremely disagreeable, and due to the production of phenylcarbamine. 2. The sample is boiled with solution of caustic soda; in this circumstance antifebrin produces aniline, which floats upon the surface of the liquid in the form of oily drops; this does not occur with phenacetin. By shaking up the liquid with ether, evaporating the latter, and adding a little water, a drop of liquid phenol, and a little of a filtered solution at 10 per cent. of hypochlorite of lime, a greenish-blue colour is obtained if antifebrin is present. Under like conditions perfectly pure phenacetin gives a cherry-red solution, which is not changed on addition of either hydrochloric acid or ammonia.

ACONITE ROOT.

At a recent meeting of the Pharmaceutical Society of Great Britain, Mr. P. W. Squire gave an interesting account of some experiments he had undertaken with a view of determining the proper time for collecting aconite root. He ascertained that the root arrives at maturity in the autumn, when it has attained its maximum size, the tissues being then complete and the tuber root full of starch, and that the numbing sensation produced upon the tongue is most pronounced in roots which are gathered at this period. He concludes that the roots should be collected in the autumn, when they are in perfection, rather than in the *winter* or *early spring*, according to the directions of the British Pharmacopœia. In the discussion which followed, the absence of a satisfactory test for aconitine was mentioned. Mr. Squire relied largely upon the duration of the numbing sensation produced upon the tongue, a test which appears to be liable to error.

ESERIDINE: A NEW ALKALOID.

Besides physostigmine, or eserine, and the less known calabarine, there is, it is stated, yet another base in Calabar bean, for which the name "eseridine" is proposed. This is a white crystalline powder which, however, can be got in large transparent crystals; the fusing point is 132° C. (270·6° F.), and it is only slightly soluble in ether. According to Dr. Eber, eseridine is far less actively poisonous than eserine, but (in this respect resembling calabarine rather closely) it exercises a tetanic action upon the spinal cord, and acts powerfully upon the intestinal system, inducing very abundant mucous discharges. The formula of the new base is given as $C_{15}H_{22}N_2O_3$, and it therefore differs from eserine by the elements of an additional molecule of water only. This is given up when the base is heated with a mineral acid, and physostigmine is the result of the reaction.

SALICYLATE OF MERCURY.

Dr. Silva Araujo of Rio de Janeiro speaks very highly of salicylate of mercury as being more easily borne by the stomach than other mercurial salts, not causing gastralgia, enteralgia, colic, or diarrhœa, and being in this respect decidedly superior even to the proto-iodide and to the tannate. The advantages of this preparation have been recognised also more recently by Dr. Szadek of Kieff, and also by Professor Schimmer of Buda-Pesth. The latter observer has given three pills per diem, containing 0·25 milligramme each, though this dose would seem to be very small, the dose ordinarily employed being a quarter of a grain when used as an anti-syphilitic.

HAZELINE FOR THE RELIEF OF PILES.

Dr. A. De Watteville writes of the treatment of mild cases of piles:—"I have found, more than once, great relief or temporary cure speedily follow upon the free use of hazeline, or extract of hamamelis, as a rectal injection. The most convenient instrument for that purpose is the now well-known syringe designed for the injection of glycerine as an excitant of rectal contractions. The only drawback of the method is what appears to be the absurdly high price charged for hazeline. The quantity I use is two to four drachms frequently during the day and evening. I

have not noticed any unpleasant side effects in those cases where I have had the opportunity of suggesting and watching the effect of this application of hamamelis. It may be that those who have been disappointed trusted to internal administration or too scanty local applications of the drug."

ANTIPYRIN *v.* QUININE.

Sir George Taubman Goldie, Political Administrator of the Niger Territories, writes:—"Statements have lately been made that antipyrin is far more effective than quinine as a curative agent in malarious diseases, and I should be glad to be allowed to ascertain through your columns whether these statements are correct, and, if so, whether antipyrin has a similar superiority as a prophylactic."

THE ELECTROPATHIC AND ZANDER INSTITUTE.

AT the last meeting of the Comitia of the Royal College of Physicians the following letter was read:—

January, 1889.

To Sir Andrew Clark, Bart., M.D., President, Royal College of Physicians.

DEAR MR. PRESIDENT,—We, the undersigned Fellows of the Royal College of Physicians, beg that you will in our names read the following communication at the next College. We are induced to ask this as the result of consultation with yourself, and also seeing that your name has been made use of as unwarrantably as have been our own. It is, indeed, the circumstance that the President of the College is implicated that has made it, in our opinion, necessary to take this course, so that hereafter no doubt may exist as to the real explanation of the circumstances referred to.

We are, dear Mr. President, yours very faithfully,

EDWARD H. SIEVEKING.	A. ERNEST SANSOM.
ALFRED B. GARROD.	W. H. ALLCHIN.
C. B. RADCLIFFE.	ARTHUR W. EDIS.
CHARLES J. HARE.	THOMAS BARLOW.
HERMANN WEBER.	WILLIAM MURRELL.
J. ANDREW.	T. GILBART-SMITH.
SAMUEL FENWICK.	SEYMOUR J. SHARKEY.
THOMAS BUZZARD.	J. K. FOWLER.

Statement referred to in the above Letter.

On January 8th, 1889, there appeared in the *Daily Telegraph* a whole page advertisement of the Medical Battery Company, Limited, Electropathic and Zander Institute, in which among other matter the following occurs:—

"The following is a list of the members of the medical profession who have, with the most satisfactory results, sent patients to use the appliances and Swedish mechanical exercise machines at the Zander Institute. The original testimonials and reports may be inspected at the above address."

(Here follows a long list of names).

Prominently placed at the head of this list stands the name of the President of the Royal College of Physicians, and amongst other names given are found those of sixteen (living) Fellows of the said College. In explanation of the circumstances in which their names are thus published the Fellows so mentioned desire to state the following facts:—

1. Some years ago the Zander Institute was established, first in Soho-square and subsequently in South Kensington, under independent management.

2. Under its then existing conditions some of the Fellows inspected, and some permitted or recommended patients to undergo the treatment of, the Zander Institute.

3. No permission for the publication of their names as approving of the Zander Institute was asked for or granted, nor were "testimonials" or "reports" or statements of "satisfactory results," as might be inferred was the case from the wording of the advertisement, given by these Fellows of the College to the Zander Institute.

4. The Zander Institute was recently sold to the Electropathic and Medical Battery Company, Limited, and is now under the management of a Mr. C. B. Harness. Therefore the conditions of the Zander Institute relative both to its ownership and management have wholly changed.

5. The Fellows concerned, having regard to these altered and new conditions, can have no further dealing or association whatever with the Zander Institute.

6. The so-called "Medical Battery Company," finding the names of these Fellows on the books of the Zander Institute, as having visited or patronised it, without their sanction and against their wish advertise them in newspaper and pamphlet form as patrons, not merely of the Zander Institute under its previous independent management, but also in such a manner as to lead the public to suppose of the Medical Battery Company.

Immediately the attention of the Fellows was drawn to this unauthorised use of their names, most if not all, of them separately wrote to the manager of the Medical Battery Company stating that such use was against their desire and permission, and requested their names to be withdrawn from all future advertisements.

To these letters replies were received expressed in similar terms, stating not only that it was for the public benefit that the approval of the Zander system by members of the medical profession should be published, but also practically declining to give any promise to withdraw the names in future.

Thus the matter stands; meanwhile counsel's opinion is being sought as to what legal restraint can be brought to bear upon the Medical Battery Company with a view of preventing further use of these names. It may be added that in a pamphlet circular issued by this company (page 3) the said names are published in a manner even more misleading, as follows:—

"*The Medical Battery Company, Limited: Medical Patronage.*

"The following is a list of the members of the medical profession who have sent patients to this institution, with the most satisfactory results. The original testimonials and reports may be inspected at the office of the Medical Battery Company, Limited, the Zander Institute, 52, Oxford-street, London, W."

THE CAIRO LUNATIC ASYLUM.

WE have received from Dr. F. M. Sandwith, hon. physician, Kasr-el-Aini Hospital, an interesting account showing the successful efforts which have been made in the past few years to effect much-needed reforms in the Cairo Asylum, the only hospital for lunatics in Egypt. The accounts of Dr. A. R. Urquhart and Mr. W. S. Tuke, M.R.C.S., who visited the asylum in 1877–78, tell of 200 hopeless lunatics almost naked, of fierce sun and unbearable stench, of conjoined latrine and drinking water, and of "the whole place being so utterly beyond the ken of civilisation that it remained as hideous a blot on the earth's surface as was to be found even in the Dark Continent." In 1883 Dr. Sandwith visited the place and found the same story of filth, hunger, chains, nudity, and courbash at every point. In 1884 the native officials were superseded, and Dr. Sandwith was placed in control; immediately the chains were struck off, the cesspools blocked up, and the arrangements generally made analogous to those obtaining in a well-regulated European asylum. One of the most frequent causes of insanity in Egypt is the smoking of hasheesh (Cannabis Indica). Early hasheesh cases can to-day be recognised by dilated pupils, increased appetite with irritability of digestion and diarrhœa, falling of eyelids, debility, anæmia, and ever-increasing timidity. They are treated with a preliminary purge, cold baths, and ordinary diet, and the exhibition of bromide of potassium, or chloral and laudanum. These are usually cured in a month; but, unfortunately, the devotees return to the drug, and are constantly being readmitted to the asylum. Religious excitement, also, is not rare, and the asylum generally contains two or three fanatical Mussulmans, who believe that they are specially-ordained prophets. The latest statistics are as follows:—Patients in asylum on Dec. 31st, 1886, 233. Admissions during 1887, 457; deaths, 67; discharged cured, 310; discharged uncured, 49. Patients in asylum on Dec. 31st, 1887, 264. No accurate information is obtainable about the sixty-seven deaths, because necropsies are only exceptionally performed. The forty-nine patients discharged uncured were harmless, weak-minded paupers, who were transferred to the Asylum for Incurables.

DR. BUCH, of Willmanstrand, Finland, has devised a new baralgesiometer, which he considers an improvement upon Bjornström's instrument.

Public Health and Poor Law.

LOCAL GOVERNMENT DEPARTMENT.

REPORTS OF INSPECTORS OF THE MEDICAL DEPARTMENT OF THE LOCAL GOVERNMENT BOARD.

Enteric Fever in the Stourbridge Rural District, by Dr. F. PARSONS.[1]—This report, though brief, is an interesting one, and it affords an excellent instance of the character of the investigation needed in eliciting the causes of disease. The fever was nearly limited to a so-called "fever area," just at the point of junction between Common Side, Pensnett; and Bromley-lane, Bromley; two different townships in the Staffordshire division of the sanitary district. The place of junction is the highest point in the fever area, although there are many houses in Common Side above the junction. The general description of the locality is typical of a place that ought to have enteric fever, and which cannot fail to be a breeding ground for the infection when once imported. It lies on the coal measures, and is essentially a colliery district; colliers, iron-workers, and glass-workers forming the main body of the inhabitants. The seam of coal is 30 ft. in thickness; when it is removed subsidences take place, and this has prevented deep sewerage being entertained. But even proper surface channels have not been contrived, and hence slops and liquid filth are carried by trenches and irregular drains into ditches, and nuisance from this cause is general. The privies are large, open, and filthy; piggeries are close to the houses, and the space about dwellings is, as a rule, essentially uncleanly. The locality slopes down into a valley, and in a soil the surface of which presents abundant sources of contamination are sunk the wells; those at the top being of considerable depth, those below being quite shallow. The description given as to their filthy surface surroundings would alone suffice to condemn these wells, and it is a matter to be regretted that they were not properly dealt with. Unfortunately trust in Horsley's test for nitrates, which were not discovered, seems to have led to the view that there was no pollution, whereas, as the report points out, the absence of nitrates proves nothing, since they are not met with in water in the presence of reducing matters, such as ferrous salts derived from iron pyrites, usually abundant in coal shales. Anyhow, some samples have been sent to the county analyst, and they have all been pronounced contaminated. In this locality 34 households were invaded with enteric fever between May and November last year; 23 invasions taking place in August and September. In all there were 56 attacks. The incidence of the disease was markedly on young males over fifteen years of age; and this was especially so as regards initial cases in households. Thus, whereas in first household attacks there were 23 males and 11 females, 21 of the male attacks were in adults from fifteen years to forty years. Now in this district large quantities of fluids are drunk by the men in their work, where they are exposed to the great heat of furnaces, &c.; and much that is drunk is a home-made beverage like ginger beer or herb beer, which is made with the usual water-supply, the whole of which has not been boiled. And so it seems that, although rarely the case, the men were the largest water drinkers. The first attack of enteric fever bearing on this outbreak was in May; it occurred in a person residing near the top of the fever area, and who during his convalescence visited his cousins at the highest point of the area. Four of these cousins subsequently had enteric fever, and two died. Where the first attack occurred the well was twenty-six yards from the privy, and in July a number of attacks took place amongst consumers of water from a neighbouring well known to contain sewage matters. The general flow of the well water is down towards the valley, in the bottom of which there is a fault with an upthrow on the south which arrests the further passage of underground water in that direction; and according to some observers the several wells are more or less in communication with each other by means of fissures due to undermining. And in this connexion it is to be observed that, speaking generally, the disease spread down-hill, the earlier cases all residing near where the first case happened. The spread of the disease was maintained where it occurred by reason of the excremental facilities which the attacked premises afforded, and it is also stated that spread may in some cases have taken place by personal communication from patient to nurse. Anyhow, Dr. Parsons finds it necessary to issue a caution against a practice which prevailed in this outbreak of speaking of enteric fever as "not infectious," a statement that is certainly incorrect when thus unguardedly expressed, and that is calculated to do harm. With reference to sanitary administration, this outbreak will, we trust, lead to the abandonment of wells which, though now known to be polluted, are still left open, and to the laying on of an extraneous water service which is actually available close by. Reform of the pestilential, unwholesome, and degrading privy and midden should also be undertaken, and some decent means of getting rid of refuse liquids and slops should be devised.

[1] Eyre and Spottiswoode, East Harding-street, E.C.; Adam and Charles Black, Edinburgh; Hodges, Figgis, and Co., Dublin. 1889. 1d.

VITAL STATISTICS.

HEALTH OF ENGLISH TOWNS.

IN twenty-eight of the largest English towns 5590 births and 3624 deaths were registered during the week ending Feb. 16th. The annual rate of mortality in these towns, which had declined in the preceding five weeks from 25·5 to 19·1, rose again last week to 19·8. During the first seven weeks of the current quarter the death-rate in these towns averaged 21·4 per 1000, and was 2·6 below the mean rate in the corresponding periods of the ten years 1879-88. The lowest rates in these towns last week were 13·9 in Leicester, 14·0 in Plymouth, 15·4 in Halifax, and 16·7 in Brighton. The rates in the other towns ranged upwards to 24·9 in Salford, 26·3 in Newcastle-upon-Tyne, 28·4 in Blackburn, and 29·3 in Manchester. The deaths referred to the principal zymotic diseases in these towns, which had declined in the preceding five weeks from 644 to 435, further fell last week to 399; they included 153 from measles, 92 from whooping-cough, 54 from diphtheria, 43 from scarlet fever, 30 from diarrhœa, 27 from "fever" (principally enteric), and not one from small-pox. These principal zymotic diseases caused the lowest death-rates last week in Wolverhampton and Leicester; and the highest rates in Salford, Oldham, and Blackburn. The greatest mortality from measles was recorded in Salford, Huddersfield, Birkenhead, Bristol, Oldham, and Blackburn, and from whooping-cough in Bradford, Nottingham, Newcastle-upon-Tyne, and Preston. The mortality from scarlet fever and from "fever" showed no marked excess in any of these large towns. The 54 deaths from diphtheria in the twenty-eight towns included 24 in London, 7 in Salford, 6 in Manchester, 2 in Liverpool, 2 in Oldham, 2 in Sheffield, and 2 in Hull. No death from small-pox was registered in any of the twenty-eight great towns; and no small-pox patient was under treatment at the end of the week in the Metropolitan Asylum Hospitals, or in the Highgate Small-pox Hospital. The number of scarlet-fever patients in the Metropolitan Asylum Hospitals and in the London Fever Hospital on Saturday last was 653, against numbers ranging in the preceding thirteen weeks from 980 to 663; 43 cases were admitted during the week, against 65 and 52 in the previous two weeks. The deaths referred to diseases of the respiratory organs in London, which had declined in the preceding five weeks from 652 to 340, rose again last week to 376, but were 159 below the corrected average. The causes of 78, or 2·2 per cent., of the deaths in the twenty-eight towns last week were not certified either by a registered medical practitioner or by a coroner. All the causes of death were duly certified in Plymouth, Wolverhampton, Huddersfield, Halifax, and Cardiff. The largest proportions of uncertified deaths were registered in Sheffield, Hull, and Liverpool.

HEALTH OF SCOTCH TOWNS.

The annual rate of mortality in the eight Scotch towns, which had been 21·0, 21·4, and 22·3 per 1000 in the preceding three weeks, declined again to 21·6 in the week ending Feb. 16th; this rate exceeded, however, by 1·8 the mean rate during the week in the twenty-eight large English towns. The rates in these Scotch towns ranged from 15·8 and 16·9 in Perth and Dundee to 23·3 in Greenock and 25·3 in Glasgow. The 553 deaths in the eight towns showed a decline of 18 from the number in the previous week, and included 23 which were referred to measles, 18 to whooping-cough, 8 to diphtheria, 7 to diarrhœa, 3 to scarlet fever, 2

to "fever" (principally enteric), and not one to small-pox; in all, 61 deaths resulted from these principal zymotic diseases, corresponding with the number in the preceding week. These 61 deaths were equal to an annual rate of 2·4 per 1000, which was 0·2 above the mean rate from the same diseases in the twenty-eight English towns. The fatal cases of measles, which had been 19, 18, and 7 in the previous three weeks, rose last week to 23, of which 21 occurred in Glasgow and 2 in Greenock. The fatal cases of whooping-cough, on the other hand, which had increased in the previous five weeks from 15 to 22, declined again last week to 18, and included 16 in Glasgow. The 8 deaths from diphtheria, of which 4 occurred in Glasgow and 3 in Edinburgh, were fewer by 3 than the number in the previous week. The deaths referred to scarlet fever, "fever," and diarrhœa were below the average. The deaths attributed to the principal diseases of the respiratory organs, which had declined in the previous five weeks from 160 to 130, further fell last week to 118, and were 45 below the number returned in the corresponding week of last year. The causes of 68, or more than 12 per cent., of the deaths registered during the week were not certified.

HEALTH OF DUBLIN.

The rate of mortality in Dublin, which had been 27·6 and 24·5 per 1000 in the preceding two weeks, rose to 29·4 in the week ending Feb. 16th. During the first seven weeks of the current quarter the death-rate in the city averaged 28·9 per 1000, the mean rate during the same period being 20·2 in London and 18·9 in Edinburgh. The 199 deaths in Dublin last week showed an increase of 33 upon the number in the previous week; they included 5 which were referred to whooping-cough, 3 to measles, 3 to "fever" (typhus, enteric, or ill-defined), 1 to diarrhœa, and not one either to small-pox, scarlet fever, or diphtheria. Thus the deaths from these principal zymotic diseases, which had been 10 and 14 in the previous two weeks, declined again last week to 12; they were equal to an annual rate of 1·8 per 1000, the rates from the same diseases being 1·6 in London and 1·2 in Edinburgh. The deaths referred to "fever," which had been 4 and 5 in the previous two weeks, declined last week to 3; while the fatal cases of whooping-cough and measles exceeded the numbers returned in recent weeks. Thirteen inquest cases and 5 deaths from violence were registered; and 68, or more than a third, of the deaths occurred in public institutions. The causes of 34, or more than 17 per cent., of the deaths in the city were not certified.

THE SERVICES.

Surgeon-General W. A. Thomson has been appointed Principal Medical Officer in Bengal, and has been succeeded in Bombay by Surgeon-General W. Marshall Webb from Aldershot.—Deputy Surgeon-General T. Tarrant, M.D., has been appointed Principal Medical Officer of the Northern District in succession to Surgeon-General J. Ferguson, removed to Aldershot.—Brigade Surgeon J. H. C. Whipple, M.D. (half pay), Grenadier Guards, has been appointed Medical Officer of the Royal Military Asylum, vice Surgeon-Major W. S. Pratt, M.B.—Surgeon D. Bruce, M.D., has been appointed Assistant Professor of Pathology in the Army Medical School at Netley, vice Surgeon H. S. M'Gill.

COLDSTREAM GUARDS.—Surgeon Alex. C. A. Alexander to be Surgeon-Major, vice E. H. Fenn, seconded (dated Nov. 8th, 1888).

ARMY MEDICAL STAFF.—Brigade Surgeon Hugh Mackay Macbeth has been granted retired pay (dated Feb. 6th, 1889). Surgeon-Major Michael Cogan to be Brigade Surgeon, ranking as Lieutenant-Colonel, vice William Ashton, M.B., retired (dated Dec. 29th, 1888).—Surgeon-Major Thomas Sillery Cogan is granted retired pay (dated Feb. 20th, 1889).—The undermentioned Surgeons to be Surgeons-Major ranking as Majors (dated Feb. 4th, 1889):—Michael Richard Ryan, M.D., Edward Ormond Reynolds, Henry John Robbins, M.D., John James Morris, M.D., Aylmer Ellis Hayes, John Francis Williamson, M.B., John Thomas Carey, M.B., William John Read Rainsford, F.R.C.S.I., Isaac Boulger, Thomas Boyd, Percy Herbert Johnston, M.D., Isaac Bomford Emerson, Eugenius Alfred Roche, George Laffan, M.D., Ulick Joseph Bourke, Joseph John Lamprey, William Henry Allen, Robert Cardwell Gunning, Jones Lloyd Peyton, M.B., Arthur Wellesley Carleton, M.B., F.R.C.S.I., George Arthur Hughes, M.B., and Brisbane Warren Somerville-Large, F.R.C.S. Edin.

ARMY MEDICAL RESERVE OF OFFICERS.—The date of appointment of Acting Surgeon R. A. S. Daly, 7th Lancashire Artillery Volunteers, to be Surgeon, ranking as Captain, is Feb. 13th, 1889.

BENGAL MEDICAL ESTABLISHMENT. — The following Brigade Surgeons to be Deputy Surgeons-General:—Brigade Surgeon Archibald Hamilton Hilson, M.D. (dated Dec. 19th, 1888); Brigade Surgeon Chas. Peter Costello (dated Jan. 1st, 1889); and Brigade Surgeon George Cochet Chesnaye (dated Jan. 13th, 1889).

BOMBAY MEDICAL ESTABLISHMENT. — Surgeon-Major David Erskine Hughes to be Brigade Surgeon (dated Oct. 28th, 1888).

ADMIRALTY. — Surgeon Archibald M'Kinlay has been appointed to the *Belleisle* (dated Feb. 20th, 1889).

VOLUNTEER CORPS.—*Royal Naval Artillery Volunteers (London Brigade):* Charles Fox Goode to be Surgeon (dated Feb. 16th, 1889).—*Artillery:* 5th Lancashire: Surgeon W. Hall resigns his commission; also is granted the honorary rank of Surgeon-Major, and is permitted to continue to wear the uniform of the Corps on his retirement (dated Feb. 16th, 1889).—*Engineers:* 1st West Riding of Yorkshire: (Sheffield): The resignation of Acting Surgeon W. D. James, which appeared in the *London Gazette* of Feb. 8th, 1889, is cancelled.—The Tay Division: George Owen Carr Mackness, M.B., to be Acting Surgeon (dated Feb. 20th, 1889).—*Rifle:* 1st (Dundee) Volunteer Battalion, the Black Watch (Royal Highlanders): David Lennox, M.D., to be Acting Surgeon (dated Feb. 16th, 1889).—1st Volunteer Battalion, the Highland Light Infantry: Harry St. Clair-Gray, M.B., to be Acting Surgeon (dated Feb. 16th, 1889).—17th (North) Middlesex: Acting Surgeon J. Davison, M.D., resigns his appointment (dated Feb. 16th, 1889).

Correspondence.

"Audi alteram partem."

COW-POX AND SMALL-POX.

To the Editors of THE LANCET.

SIRS,—In answer to Mr. Taylor's courteous letter, I must repeat that my contribution to your journal was in no way intended to touch upon the very important question of the nature of cow-pox and its relation to small-pox, but merely to point out to the readers of Dr. Creighton's book that whilst the author was discussing this question he had not laid before them the great fact to demonstrate which Jenner had written his work, that those persons who had been inoculated with cow-pox were protected from the infection of small-pox. This Jenner proved to demonstration, so that the fact remains outside all controversy, and is not a matter of opinion. I have not at the present moment time to enter upon the arguments as to the nature of these two viruses, but I might remind Mr. Taylor that there is no evidence of such a disease as cow-pox in cattle; for the males do not suffer from it, and the cows exhibit it only on the udder. This being so, Jenner was quite justified in presuming that the cows had been infected by human agency. I think also he was quite justified in supposing that the affection of the cow was a modified variola, knowing that a mild attack of small-pox would give as much immunity against a second infection as a very severe attack. He knew that this was true of scarlet fever and other infectious diseases. The doctrine is one which lies at the foundation of all Pasteur's work. Probably, too, Jenner, might have been influenced by the fact that the pustules of vaccinia and variola are anatomically alike. The medical question is divided into two parts: the first as to the protective power of cow-pox, and the second as to its nature and *modus operandi*. The first was answered by Jenner by a demonstration more cogent than supports any fact to be found in works of physiology, as he first inoculated with one virus and then with the other, and always with the same negative result. The second part of the question is still open for discussion. I am, Sirs, your obedient servant,

Grosvenor-street, Feb. 16th, 1889. SAMUEL WILKS.

THE ROYAL COLLEGE OF SURGEONS.

To the Editors of THE LANCET.

SIRS,—The attention of the President having been called to an advertisement which appeared in your issue of the 16th inst., to which the signatures of two Members of the College are affixed, and by which a meeting of Fellows and Members of the College is convened for Thursday, the 28th inst., at the College, without any authority either from the President or Council, I am desired by the President to state that the meeting would be illegal, having been summoned in direct violation of Clause 1, Section 17, of the Bye-laws, and that therefore such meeting will not be allowed.—I am, Sirs, your obedient servant,

EDWARD TRIMMER, Secretary.

Royal College of Surgeons, Feb. 20th, 1889.

P.S.—The following is a copy of Clause 1, Section 17, of the Bye-laws:—

No business whatever shall be transacted, nor any matter be discussed or debated, at any meeting or assemblage convened by or under the authority of the President or Council, or before or after the business thereof shall have commenced, other than the particular business or matter in respect of which such meeting or assemblage shall have been convened; nor shall any debate or discussion whatsoever be had or allowed at any meeting convened by the President or Council for the delivery of lectures or orations, either before or after the same shall have commenced or terminated. And no meeting or assemblage of Fellows or Members of the College shall be held in the Hall or Council House of the College, or in any of its appurtenances, unless convened by or under the authority of the President or Council; and no Fellow or Member of the College shall advertise, or convene, or attend, or combine with others to advertise, or convene, or attend, any meeting or assemblage in the Hall or Council House of the College, or in any of its appurtenances, not authorised by the President or Council. And any Fellow or Member of the College who may in any manner offend herein shall be liable to be restrained and excluded by the Council from attending any orations and lectures at the theatre, and from any use of or admission to the library and museum, and to be suspended from any or all other privileges which he may have as a Fellow and Member or a Member of the College, for any such period as the Council may adjudge, or to removal by resolution of the Council from being a Fellow and Member or a Member of the College. And every Fellow or Member of the College who shall thereupon be removed as aforesaid shall forfeit all his rights and privileges as a Fellow and Member or a Member thereof.

To the Editors of THE LANCET.

SIRS,—We have the honour to enclose copies of an important correspondence that has within the last few days taken place between ourselves, as representing the Association of Members of the Royal College of Surgeons, and the President and Secretary of the College. It will be within the recollection of the readers of your journal that on Jan. 10th, after considering a letter addressed by one of ourselves to the Secretary of the College, and by order of the Central Committee of the Association, the Council of the College resolved "That Mr. Ellis be informed that the Council do not think it expedient to convene a meeting for the purpose mentioned in his letter." The Association, at its last annual meeting (Jan. 31st, 1889), thought otherwise, and consequently resolved to convene the meeting referred to in this correspondence. We do not consider any further comment necessary, but merely add that it is still our intention that the meeting be held on Feb. 28th, at 3 P.M., at the College.

We are, Sirs, your obedient servants,

WARWICK C. STEELE, } Hon. Secs. Assoc. Memb.
Feb. 21st, 1889. WM. ASHTON ELLIS, } Roy. Coll. Surg.

14, Grosvenor-road, S.W., Feb. 14th, 1889.

SIR,—By direction of the Association of Members of the Royal College of Surgeons of England we have the honour to submit the enclosed copy of a requisition received by us, and are likewise instructed by the Central Committee of the above-named Association to say that they trust you will place at the disposal of the meeting of Fellows and Members therein mentioned either the theatre or the lower library of the College at Lincoln's-inn-fields.—We are, Sir, your obedient servants,

WARWICK C. STEELE, } Hon. Secs.
WM. ASHTON ELLIS, }

To the President of the Royal College of Surgeons of England.

(*Enclosure.*)

The undersigned Members of the Royal College of Surgeons of England, being apprised of the refusal of the Council of the said College to convene a meeting of the Members for the purpose of considering the action to be taken pursuant to a letter of the Clerk of Her Majesty's Privy Council dated Nov. 27th, 1888, hereby request the Secretaries of the Association of Members of the Royal College of Surgeons to convene a meeting of the whole body of the Members, to be held at the College in Lincoln's-inn-fields on Thursday, the 28th day of February, at 3 P.M., for the purpose of considering the situation of the College and taking such action in Parliament or otherwise as to them shall seem fit, in exercise of the constitutional right of the Members of the said College to meet and take counsel together concerning the affairs thereof; and the undersigned Members further request the said Secretaries to give notice of the said meeting to the Members of the College by circular or otherwise, and to intimate the present requisition to the President and Council, and to the Secretary of the said College.

[Signatures follow.]

Royal College of Surgeons of England, Lincoln's-inn-fields, London, W.C., Feb. 15th, 1889.

GENTLEMEN,—I am desired by the President to acknowledge the receipt of your letter of the 14th inst., submitting to him by direction of the Association of Members of the College an enclosed copy of a requisition received by you, and expressing on behalf of the Central Committee a hope that he will place at the disposal of the meeting of Fellows and Members therein mentioned either the theatre or the lower library of the College, and I am directed to state that the President will submit to the Council of the College at a meeting to be held on Thursday, the 21st inst., such letter and enclosure. I am, at the same time, desired to direct your attention to Section XVII. of the Bye-laws, a copy of which I enclose.

I am, Gentlemen, your obedient servant,

EDWARD TRIMMER, Secretary.

Warwick C. Steele, Esq.; Wm. Ashton Ellis, Esq.

Royal College of Surgeons of England, Lincoln's-inn-fields, London, W.C., Feb. 16th, 1889.

SIR,—The attention of the President of the College has been called to an advertisement in THE LANCET and *British Medical Journal* of this date, purporting to be signed by you, and announcing that a meeting of the Fellows and Members of the College will be held at the College on the 28th inst. I am desired by the President to inquire whether such advertisement was issued by your authority, and to point out to you that any Member issuing such an advertisement is guilty of a breach of Clause 1, Section XVII., of the bye-laws of the College, and renders himself liable to the penalties specified in that clause. Such advertisement will be considered by the Council on the 21st inst., and I am directed to request that you will inform me by that date whether it was issued by your authority, and, if so, whether you have any explanation which you may desire to give, or any reasons to submit to the Council, why they should not proceed to enforce the penalties prescribed by the bye-laws.

I enclose a copy of Section XVII. of the bye-laws.

I am, Sir, your obedient servant,

Warwick C. Steele, Esq. EDWARD TRIMMER, Secretary.

[A duplicate of this letter was addressed to Wm. Ashton Ellis.]

Feb. 20th, 1889.

To the Secretary of the Royal College of Surgeons of England.

SIR,—We have the honour to acknowledge receipt of your communications of the 15th and 16th inst. relating to the proposed meeting of the Fellows and Members of the College on the 28th inst. for the consideration of a Bill to be promoted in Parliament pursuant to the suggestion conveyed to us by Her Majesty's Privy Council.

We regret to learn that the advertisement which appeared by order of the Association of Members of the College in THE LANCET and *British Medical Journal* of the 16th inst. is disapproved by the President, and we desire that it should be at once understood that the whole of the arrangements for the intended meeting, including the advertisements thereof, are designed to maintain what, as the Association is advised and believes, are the ancient and indispensable rights of the College, and are not intended to convey the slightest disrespect or discourtesy to the President and Council. They are based, as you are already aware, not only upon a unanimous resolution of the Association of Members at its last annual meeting, but also upon the formal requisition signed by R. Abud, G. H. Batterbury, E. H. Biddlecombe, M. G. Biggs, G. H. Cable, W. Carter, R. Collum, W. G. Dickinson, T. Stretch Dowse, W. A. Elliston, F. H. Forshall, R. Gooding, E. Hartley, R. Hicks, Jabez Hogg, C. M. Jessop, J. D. Macdonald, E. McKellar, J. W. Mason, J. W. B. Mason, R. Purvis, W. D. Smallpeice, J. Smith, J. C. Smith, S. Smith, Lawson Tait, G. Danford Thomas, and W. Wynn Westcott, of which a duplicate is in the hands of the President.

The proceedings have throughout been taken under legal advice, and we believe that the present step was resolved upon by the Association as being apparently the only course left open to the Members by the action of the Council at its meeting of the 10th ult. We are aware that the Members of the Association sincerely regret the necessity of taking formal steps which do not commend themselves to the President and Council, but we are sure that the President and Council will recognise their desire to conduct in a spirit of justice and moderation the unhappy controversy, which has now continued for many years, concerning the nature of the rights of the Members to intervene in the consideration of the affairs of their own College. We ought to say that we are advised that the stringent penal clauses of the seventeenth bye-law are not of legal validity nor applicable to the present matter; if they were, it is apparent that they would also apply to many of the previous acts of the Association of Members in the course of the present discussion. While we are not therefore able to admit the jurisdiction of the President and Council to take any proceedings against us or the signatories to the requisition under or by authority of the seventeenth bye-law, we beg to say that, if the Council should resolve to proceed in the matter, it would be our desire to submit to them, under protest, a full explanation of the reasons which to us personally justify the steps we have felt it our duty to take, and that for this purpose we claim to be heard by counsel. We are, Sir, your obedient servants,

WARWICK C. STEELE,
1, Florence-terrace, Ealing, W.
WM. ASHTON ELLIS,
14, Grosvenor-road, S.W.

DELIVERY OF THE HEAD AFTER CRANIOTOMY.

To the Editors of THE LANCET.

SIRS,—Dr. Archibald Donald, in his reference to my letter in your issue of Jan. 26th on the above subject, I think, rather over-estimates the difficulty of cephalotripsy in the fore-coming head. When once the head has been

crushed by one or two grips, my experience has been, as I stated in my letter, that "I have never found it slip during traction." If the instrument is worked with a four-threaded screw, the holding power is very great; and the more the power is put forth, the closer the whole length of the blades approximates; and therefore the part just beyond the lock should be as strong as can be allowed, so as not to encroach too much on the space between the blades. In hard round heads there is, I admit, a liability to glide off to front or back, which must always be looked after; and so, also, one must do so in the adaptation of the cephalotribe in the after-coming head. I think Dr. A. Donald has overlooked the part of my letter in which I also employ perforation of the base, after tearing and breaking it up as much as possible; but my letter was intended to apply to the fore-coming head, which sometimes one must accept, whatever preference we may have. But in all cases, if we use the cephalotribe to the head above the brim fore or after coming, it will always be proper to bring the flattened head into adaptation to the brim before traction, and this, in my experience, is not at all difficult, and certainly generally not so liable to cause injury so great as version. In all methods employed anxiety occurs during their performance, but I am not aware that the hook in the orbit is a matter of greater anxiety than any other. The operation is tedious, doubtless; but if we have no cephalotribe and cannot turn, then it is a very effective method. But the hook must be a small blunt one having a one-inch diameter. The curve should be hard, and the shank of soft iron easily bent to adapt it. I have tried all methods, many times each one, and would give my opinion that where the uterine contractions are such as to give much difficulty in turning, then perforation of the fore-coming head with the cephalotribe to deliver will be best; and if we have no cephalotribe, then according to the size of the brim, the craniotomy forceps, or removing wholly the calvaria and tilting the base. Where, however, the uterus is quiet and turning fairly easy, then I admit it may be preferable to turn, perforate the base and break it up, passing the small hook above mentioned or crotchet towards the firmest part, and traction with the hook and body; if difficulty still be found, then perforating just behind or below the ear and traction with the hook; if this failed, then the cephalotribe in front of neck and joint traction on body and by cephalotribe, but mainly by cephalotribe, or the neck may give way. If we find, however, any difficulty in turning, then we shall be wise to give up this plan. It is clear we can lay down no absolute rule—conditions vary so much, and possibilities also. Of course, these remarks do not trench on the discussion as to whether, in the very difficult cases, Cæsarean operation may not be the better way.

I am, Sirs, yours truly,

J. BRAXTON HICKS.

George-street, Hanover-square, W., Feb. 11th, 1889.

"CERTIFYING FACTORY SURGEONS."

To the Editors of THE LANCET.

SIRS,—I quite agree with Mr. Clayton in his suggestion that the certifying surgeons should take steps to bring under the notice of the Home Secretary the importance of continuing the protection of a medical examination to children and young persons employed in factories. I have been certifying surgeon in this town since 1871, and have found the employers to fully appreciate the benefits of a medical certificate of fitness, and always ready to assist me in carrying out the provisions of the Act. The idea that the surgeon merely has to certify as to the "age" of the child is quite a fallacy; he certifies as to the physical capacity and fitness of the child to perform the particular duties it is about to undertake. No doubt the production of the certificate of birth at the time relieves the employer of much responsibility, and also, to some extent, a knowledge of the precise age affords the surgeon a basis on which to conduct his examination. I feel persuaded the moral influence exercised by the visits of the certifying surgeon in preventing the presentation and employment of unfit children is very great, and the removal of such a check would, I am convinced, be a retrograde movement. The words of the report of the commissioners appointed to inquire into the working of the Factory Acts in 1876 hold good now as then, when they state that "the certifying surgeons have been entrusted with important functions ever since their first institution." And further (p. 72): "We cannot pass from the consideration of this part of our inquiry without testifying to the ample evidence which came to our notice of the interest which many of the certifying surgeons take in their work, and expressing our belief that the important share taken in the administration of the Factory Acts by the members of a profession distinguished by its scientific knowledge and intelligence have contributed largely to the fair acceptance which these Acts are now obtaining among all classes whom they affect."

I am, Sirs, yours truly,

Park Green, Macclesfield, Feb. 18th, 1889. HENRY M. FERNIE.

"RHEUMATISM AND CHOREA."

To the Editors of THE LANCET.

SIRS,—When Dr. Garrod calls chorea one element in a series of rheumatic events, he appears to me to beg the question rather than advance the argument. Nor do I find it more difficult or more easy to explain the occasional coincidence of chorea with erythema and nodules without arthritis than its appearance with arthritis alone. I call chorea a cause of endocarditis because a large number of choreic patients have heart disease in whom no trace of rheumatism can be found, and because I have seen heart disease develop in such patients during an attack of chorea. That in 40 per cent. of chorea cases you find rheumatic symptoms is not sufficient reason for saying that the remaining 60 have rheumatism, though you cannot find the symptoms; and to say that such cases as I have mentioned owe their endocarditis to "the unknown rheumatic poison" is to go beyond the evidence. Whether "the rheumatic poison" is a cause of chorea we shall better discuss when we know whether rheumatism is due to a poison at all, and what that poison is.

I am, Sirs, yours obediently,

Upper Wimpole-street, W., Feb. 1889. W. P. HERRINGHAM.

"XEROSTOMIA"—A TERM SUGGESTED FOR THE AFFECTION KNOWN AS DRY MOUTH.

To the Editors of THE LANCET.

SIRS,—In my letter in your issue of Feb. 9th I dealt with the nomenclature of this affection. It was not my intention to raise any other points. I have called attention to Mr. Hutchinson's interesting demonstration at the Neurological Society in my communication to the Clinical Society's Transactions, vol. xxi., and also in a paper which will appear in the forthcoming number of *Brain*. I regret if any omission in my letter should give rise to misapprehension, so I gladly take the opportunity of stating once again that it is to Mr. Hutchinson belongs the credit of first directing the attention of the profession permanently to this matter. I am, Sirs, yours faithfully,

Welbeck-street, W., Feb. 18th, 1889. W. B. HADDEN.

THE JUBILEE INSTITUTE: THE TRAINING OF NURSES.

To the Editors of THE LANCET.

SIRS,—As an application for a charter has been made on behalf of the Queen's Jubilee Institute for Nurses, I desire to give an example of a state of affairs that now exists, so that provisions may be made for preventing this condition of things, with its necessary consequences. At the North-West London Hospital the charge of patients is committed to nurses who, with few exceptions, have not had a year's experience in nursing. The consequence of this was an outbreak of typhoid fever amongst nurses, patients, and resident medical staff, which necessitated the clearing of the wards. It is not too much to say that, if the nurses had been properly trained, this would not have occurred. One object of this institution, as set forth in the annual report, is the training of nurses. Of training these women get none, and, with twelve months' experience and no training, they go out into the world as nurses. This system is of course cheap, but that it must seriously injure the efficiency of the hospital and the reputation of nurses is obvious. How is it possible for medical men to do their work properly when the nursing of patients is entrusted to persons who, through no fault of their own, must of necessity be incompetent?

I remain, Sirs, yours faithfully,

Feb. 1889. T. P. BEDDOES, F.R.C.S.

LIVERPOOL.

(FROM OUR OWN CORRESPONDENT.)

Hospital Sunday and Saturday.

THE collections at the various churches and chapels on Jan. 13th are now all paid in, and the total sum exceeds by about £100 the total of last year. Extraordinary pains are being taken to ensure the increased success of Hospital Saturday, which, it is felt, ought to yield a much larger result than £3000 to £4000 a year, when nearly double that sum is raised in Birmingham, a town less than half the size of Liverpool. It is believed that by adopting some of the Birmingham arrangements a success approaching to if not equalling it may be effected.

The St. Helens Pasteur Patients.

Five of the persons alluded to in a former letter as having been bitten at St. Helens by a dog believed to be rabid, and sent to Paris for treatment by the Pasteur method, have returned home. The others are expected next week, and the results of their treatment will be watched with much interest. Steps are being taken to have all dogs within the borough of St. Helens under proper control, and a number of persons have been fined for not complying with the terms of the Mayor's notice.

A Grave Charge disproved by Medical Evidence.

An inquest was held on the 15th inst. by the city coroner upon the body of a boy, ten years of age, who attended at St. Bridget's Roman Catholic School. On the 8th inst. he returned home and informed his mother that one of the female teachers whom he named had given him a "crack on the head with a ruler," and also caned him on the hands. He shortly after became sick, and, though medical aid was sought and every attention paid, he grew worse and died on Tuesday. The teacher deposed that the deceased was a very delicate boy, who was often absent from illness, and was absent the whole of the day (Friday, the 8th) when the alleged punishment was stated to have been inflicted. She totally denied ever striking him either with the ruler or cane. Mr. H. E. Gough, who made a post-mortem examination, stated that the deceased had evidently suffered from chronic meningitis for some weeks, which was the cause of death. There were no marks of injury on the boy. The jury returned a verdict of death from natural causes, and acquitted the teacher of all blame.

A Centenarian.

There is a man living in this city whose age will, it is said, be 107 on the 15th prox. His name is Terence McArdle; he was born near Armagh, and married at the age of seventeen, very soon after the Irish Rebellion of 1798, which he perfectly remembers. By his first wife he had fifteen children; he married a second wife, by whom he had fourteen children. His great age is well authenticated by his own recollections, amply confirmed as they are by the evidence of persons themselves old, who remember him as a married man with a family when they were children. He states that his paternal grandfather lived to be 110; all his own children are dead, except a daughter aged thirty-five. He was lately visited by Drs. A. Davidson and Bradshaw, accompanied by the Rev. Father Anderson, of St. Peter's Roman Catholic Chapel, all of whom kindly furnished the foregoing and following details. McArdle has lived principally on non-nitrogenous food, having eaten as much as two pounds and a half of potatoes at one meal; he never ate much meat, preferring fat to lean when he ate any. He has not been a total abstainer, but always moderate, his only drink being whisky, which he took occasionally. He never cared for beer, but smoked a good deal. He was always a good-tempered man, of active habits, preferring walking to his work, a distance of two miles, to riding in a 'bus. At present he is extremely emaciated, there being an entire absence of fat and hardly any muscle. He lies on his back without moving or speaking, unless spoken to. His eyes are half closed, secreting a quantity of sticky mucus; pupils contracted; mouth kept open; respiration uneven and generally noisy, rather groaning, but with intervals of quiet breathing; skin dry; joints not rheumatic; hands and fingers slightly flexed so as to form a small segment of a circle; nails project about half an inch. He cannot lift his legs, but has a tolerable grasp with his hands. In his lower jaw are two central incisors exceedingly wasted; left canine wanting; left molars much decayed; right bicuspids and molars absent. In the upper jaw the teeth are absent except a few stumps, and on the right side the canine and one molar. The abdomen is retracted. The aorta is felt distinctly, with some hard fæcal masses in front of it; the vessel seems to take a decided curve towards the right side. The bowels act spontaneously once in from three to seven days. His pulse is 92. His heart's apex beats strongly in the sixth intercostal space one inch outside the nipple line; there is no murmur. Respiration 30; sounds of mucus in large tubes. Movement principally thoracic; costal cartilages very rigid; sounds on auscultation fairly good, but some coarse râles. Girth of chest about nipple, 33 in. Voids urine voluntarily about twice in twenty-four hours. His sight is so good that he can tell the time by a watch; has never worn spectacles, and could read a prayer-book of large type until recently. Is very deaf, but can hear a loud voice; his speech is thick, and difficult to understand; his memory fairly good, but uncertain.

Seizure of Meat on Board a Steamer.

The sanitary officers seized twenty tons of beef taken on the 14th inst. from the screw steamer *Thessaly* from Buenos Ayres. This beef had become bad from lapse of time in consequence of breaking down of machinery. There were also on board 9000 carcases of sheep in perfect condition; these were, therefore, passed by the medical officer of health.

Liverpool, Feb. 19th.

MANCHESTER.

(FROM OUR OWN CORRESPONDENT.)

The Hospitals.

THE annual meetings of most of our local hospitals have within the past few weeks been held, and at several of them matters of more than passing interest have been brought forward. Thus, at the Clinical Hospital for Women and Children an important new departure has been taken by the management in deciding to set apart certain wards for paying patients. This step is largely the result of the donation of £2000 from the Whitworth trustees, who had asked that such accommodation should be provided if possible. Patients will be admitted to the "pay wards" on the certificate of their ordinary medical attendant that they are likely to be benefited by hospital treatment, and may be properly admitted there. This arrangement will not curtail the ordinary accommodation, as during the last year considerable additions have been made to the building, and it is satisfactory to note that these extensions are practically free from debt. At the annual meeting of the Children's Hospital stress was laid upon our enormous infantile mortality and on the abuse of burial societies and insurance companies in connexion with young children. It is to be hoped that the Government inquiry into this subject may result in some practical steps being taken to curtail and check infantile insurance. It was also pressed upon the health authorities that more isolation of typhoid fever should be practised whenever possible, seeing that patients left at home are often the means of spreading this disease. The impossibility of isolating whooping-cough properly in many homes was also alluded to.

A special meeting of the subscribers to the Salford Royal Hospital was held on the 13th inst., to consider and adopt certain proposed new rules. The bulk of these were passed without much discussion or dissent, but one affecting the qualifications of the honorary medical staff gave rise to a sharp controversy. The majority of the staff supported a resolution requiring that every candidate for the post of surgeon should be a Fellow of one of the Royal Colleges of Surgeons; an amendment was proposed and carried that the candidate should be a Fellow *or Member*, &c., or *Master of Surgery of the Victoria University*. Another rule also provides that the candidate must reside within two miles of the hospital. The "recommendation" system is to continue in force here.

The Vacant Post of Medical Officer of Health.

At last the City Council have advertised for a medical officer of health, the post having been vacant more than three months. There has been considerable feeling displayed at the Council meetings when this matter came on for consideration. It is proposed to reorganise the department and place the new official in a more independent

position, instead of being so directly responsible to the Health Committee as hitherto. The salary offered is £850; the sum paid to the late medical officer was £900 per annum.

Meat unfit for Human Food: Heavy Penalty.

A glaring case of a butcher exposing diseased meat for sale came before the magistrates recently. It was proved that the stuff was utterly unfit for human consumption, and further, that it was not beef at all, but horseflesh. It not unfrequently happens that, when diseased meat is seized, it comes out in evidence that it is horseflesh. This fact makes one speculate as to how much horse is sold as good cow in our butchers' establishments, without the knowledge of the unwary customer, for certainly one never sees exhibited any notice of horseflesh being on sale. The defendant in the above case was fined £100.

Hospital Sunday.

We have not had a more unfortunate day for the Hospital Sunday collections for years than was experienced on the 10th inst.—wind, rain, and snow the whole day long. The total amounts have not yet been made up, but from individual churches the amounts in nearly every case show a marked falling off from last year.

Owens College and the Infirmary.

Readers of this column will probably remember that a request was received by the infirmary authorities for an interview with the representatives of Owens College touching the proposed new hospital, for the erection of which £20,000 has been offered to the latter body by the Whitworth trustees. Interviews have taken place, but without very much headway being made with the scheme. The infirmary, whilst willing to render what assistance they can, do not see their way to incurring any financial liabilities in connexion with a new and separate building situate elsewhere, but they would probably be willing to entertain the idea of an extension of the present infirmary for special cases, and arrange for the College to have some share in the administration thereof. At present the matter is *in statu quo*.

The Assistant Physicianship of the Infirmary.

The election at the infirmary for the post of assistant physician has resulted in the appointment of Dr. Judson Bury. Dr. Bury has for some years been medical registrar, and was one of the unsuccessful candidates when the last vacant assistant physicianship was filled up a few months ago.

February 19th.

NORTHERN COUNTIES NOTES.

(FROM OUR OWN CORRESPONDENT.)

Newcastle.

AT the annual meeting of the Newcastle Dispensary, held last week, it was stated that over 25,000 patients had been treated during the past year. The abolition of the casual class of patients at the Royal Infirmary has thrown a large amount of work on the dispensary and the minor medical charities of the town, which, however, are, most fortunately for this class, well prepared and equipped to receive them. At the usual meeting of the sanitary authority, the medical officer, Mr. H. E. Armstrong, stated that during the past two weeks there had been five cases of enteric fever, thirty-three of scarlet fever, and four of diphtheria, making in all forty-two infectious cases. The University of Durham Medical Society gave their annual ball last week. This is, I believe, the fourth they have given, with great success. More than 500 guests were invited, and the proceedings passed off with much spirit. Many of the students think—and perhaps some of the professors—that a festive break of this nature in the middle of the long winter's session increases the aptitude for study during the remainder.

Sunderland.

Last Sunday in Sunderland was the twenty-fifth annual occasion on which collections have been made there for hospital purposes, and, as trade and employment are supposed to be brisk at present on the Wear, it is hoped that the proceeds this year will show a considerable advance on former collections; it is to be remembered, at all events, that Sunderland workmen have been noted as good and steady supporters of their hospital—a support that enabled the Sunderland Infirmary to become a free hospital long before that position was attained by the Newcastle charity.

Tyne Port Sanitary Authority.

At a meeting of the Tyne Port Sanitary Authority the following statements were made as to the work done in December and January. British steamers inspected, 1244; British sailing vessels inspected, 332; foreign steamers inspected, 371; foreign sailing vessels inspected, 139; total, 2086; extra visits, 559; making the total number of visits 2645. Of these, 223 were found to have various sanitary defects. The medical officer, Mr. H. E. Armstrong, reported that of eight patients removed to hospital all made good recoveries but one, whose case terminated fatally.

Stockton Hospital Extension.

The plans for the extension have passed the committee of the Stockton Hospital, and tenders are to be invited for the carrying out of the work forthwith. The extension will provide for twenty-six additional patients, but the accommodation will be such as to virtually double the size of the institution, and the cost will probably reach £3000.

Liddell Provident Dispensary, Jarrow.

At the fifth annual meeting of the Liddell Provident Dispensary, held at Jarrow last week, it was stated in the report that the membership consisted of 1410 persons, and that the medical officer had made 6000 visits.

Newcastle-on-Tyne, Feb. 20th.

EDINBURGH.

(FROM OUR OWN CORRESPONDENT.)

The Edinburgh University Court.

AT the meeting of the University Court held on Monday, the Senatus Academicus was authorised to contribute £500 towards the completion and equipment of the Edinburgh University Students' Union. It was agreed to transmit to the Secretary for Scotland so much of the Court's resolution of Dec. 17th last as related to the Court's opinion that the resignation of a professor ought in all cases to be made to the University authorities. On consideration of a minute of the Senatus the following special grants were approved of:—1. From the General University Fund: £40 for printing list of graduates, £30 for printing catalogue of the pathological collection in the Anatomical Museum, and £100 for specimens and laboratory fittings for the class of agriculture. 2. From the Gilchrist Fund: £56 10*s.* for apparatus for the Pathological Laboratory. Professor A. Melville Paterson, University College, Dundee, was recognised as a teacher of medicine there, whose lectures on anatomy should qualify for graduation in medicine in the University of Edinburgh, from the beginning of the current session, and whose course of practical anatomy should similarly qualify from Jan. 8th last. Many students will greet with delight this news—that the museum catalogue is so far advanced that the question of ways and means of its printing is being considered. It has long been a reproach to the authorities that such a valuable collection as that gathered together in the University museum should have no descriptive, or other catalogue, readily accessible to those desirous of availing themselves of the advantages of study in such a museum. We are glad to learn that this reproach is to be shortly removed.

Methyl-drinking in Edinburgh.

A short time ago a reference was made to this subject, and the recommendations of the city and St. Cuthbert's parochial boards were mentioned. From an article published in to-day's papers it would appear that the publicity given to the subject at that time brought about a distinct but brief diminution in the traffic; but the dealers in the pernicious stuff are now as active as ever. A worker in the slums has now drawn attention to the fact that on Sunday afternoon large quantities of methylated spirits are purchased from druggists for the purposes of consumption. Not satisfied with mere hearsay evidence, this gentleman hired several men, who brought back in the course of a short time five samples of the spirit, which they said they had bought in druggists' and drysalters' shops situated in the Grassmarket, the Canongate, and High-street. He speaks of intoxicated persons attending the services of the Grassmarket Undenominational Mission, in whose possession large bottles of methylated spirit were found, and who begged most piteously for their return. It is surely time

that more rigorous measures were taken to stop this indiscriminate sale.

The recent Child Murders in Edinburgh.

The sentence of death passed on Jessie King, the Stockbridge murderess, will make those who trade on the weaknesses of their fellows more careful for a time of the means they adopt to get rid of the children they take (for a consideration) to "rear." Neglect, cold, and starvation, though not so prompt in their action, are often equally efficacious in the long run as strangulation or some similar "happy despatch." Until, however, more stringent measures are taken to protect these unhappy children of erring parents, means will be found to remove them quietly, under the ægis of the doctor and his certificate if possible, but without such protection if necessary. There are always hardened natures, often associated with a somewhat low order of intellect, willing to run a considerable amount of risk for the sake of obtaining the premium for the adoption of a child; and until the responsibilities of the baby farmer are brought home to her more forcibly and more continuously than they are at present, and until measures are taken to supervise and provide for the safety of children consigned to the care of others, the mortality upon baby farms will continue to be criminally high.

Edinburgh, Feb. 19th.

DUBLIN.

(FROM OUR OWN CORRESPONDENT.)

The Conjoint Scheme: Examiner in Chemistry.

DR. WALTER G. SMITH has resigned his post of examiner in Chemistry and Physics under the Conjoint Scheme of the Colleges of Physicians and Surgeons. An election for his successor will take place at a meeting of the Fellows of the College of Physicians on March 1st, and it is probable the selection will lie between Dr. Cosgrave and Dr. Bewley.

Certifying Factory Surgeons.

A meeting of factory surgeons has been convened for to-morrow, the 20th inst., at the Royal College of Surgeons, by Dr. C. F. Moore. The meeting is held, probably, in consequence of the recent deputation to the Home Secretary asking that the office of factory surgeon might be dispensed with. It is understood that the influence of the Home Secretary will be exerted on behalf of the manufacturers, and in consequence the factory surgeons may be expected to take the necessary steps to protect their interests.

Rotunda Lying-in Hospital.

The Dublin corporation have very ill-advisedly refused to continue the annual grant of £300 to this admirably conducted institution. The question at issue, sad to say, is a religious one, but Sir George Owens has pointed out that the Roman Catholic patients always had their clergyman at call, and that recently two Roman Catholic gentlemen had been elected to the board of governors.

Dental Hospital of Ireland.

The annual meeting was held on the 16th inst., presided over by Mr. Henry Fitzgibbon, President of the Royal College of Surgeons in Ireland. Last year 10,000 patients were treated, at a cost, including medicine, appliances, and establishment charges, of less than fivepence for each case. As the present premises in York-street are insufficient, the committee, at the instance of the professorial staff, intend to make an appeal to the public for funds in order to build suitable premises, with well-lighted operating-rooms, so that a larger number may be treated at one time. The amount required for building a thoroughly efficient dental hospital is about £3000, and, in order to defray a portion of this sum, the committee have arranged to organise a large fancy fair to be held towards the close of the year. Dr. Kidd, in moving the adoption of the report, said that only recently dentistry had become a profession. It was now one of the learned professions, and an essentially important branch of surgery. The dental profession in Ireland had always held a high and prominent position among them; their leading dentists were Fellows of their College, and had been long before dentistry assumed the rank it had recently attained. Their dentists were highly educated men—educated as surgeons. The report was adopted.

The many friends of Mr. Wm. I. Wheeler will be gratified to learn that he has now recovered from his recent severe illness.

Dr. Hatchell, one of the present inspectors of lunatic asylums, has resigned.

Dublin, Feb. 19th.

PARIS.

(FROM OUR OWN CORRESPONDENT.)

Over-pressure in Children.

IN a note recently published by Professor Charcot on "over-pressure," the author asserts that intellectual or cerebral overwork does not exist in children under sixteen years of age. A child, he says, can only make the amount of intellectual efforts of which he is capable. If he has programmes too overcharged to fulfil, he simply does not fulfil them; if one insists on cramming his memory with crude facts, no result whatever is obtained; but this does not in any way affect the brain of the child, the passiveness of which is complete, and the indifference absolute. On the other hand, according to the Professor, "over-pressure manifests itself only in youths above sixteen or eighteen years. It is characterised by a number of nervous troubles, principally by a pain in the occipital region, which extends down to the back of the neck, and goes up again in front of the ears. This over-pressure is seen in pupils of the superior branches of study, in men of letters who write much, in political men who are or who believe themselves to be overwhelmed with responsibilities, in men of business &c. who lose their sleep, but never in the pupils of our lycées and colleges."

Experimental Diabetes in Animals.

At a recent meeting of the Academy of Sciences, MM. Arthaud and Butte read a note on the pathogeny of diabetes, and the following is the conclusion to which their researches have led them: "It is possible, by centrifugal irritation of the vagus, to reproduce in animals divers varieties of clinical diabetes, sometimes insipid, sometimes azoturic, sometimes glycosuric, according to individual predispositions, absolutely as in man." The authors added that, from a clinical point of view, their personal researches permitted them to verify on nearly all points the analogy of the experimental malady with spontaneous diabetes, for which they adopt without reserve the neuropathic theory.

Professor Germain Sée also read a paper entitled "Researches in Experimental Diabetes in the Dog, and on the Methods of Treatment of Diabetes in general." In conjunction with M. E. Gley, the experimenters have succeeded, by an ingenious method of exciting the central portion of the vagus, in inducing in animals diabetes having all the ordinary characteristics of the disease. They then submitted the animals thus rendered diabetic to divers drugs in order to judge of their action and to endeavour to obtain some light as to the nature of this glycosuria thus artificially produced. The employment of the bicarbonate of soda and of arsenic proved inefficacious. The bromide of potassium produced a slight diminution of the glucose, but the attenuation was rendered more marked by the use of antipyrin according to a new treatment. Properly administered, antipyrin lowered the amount of sugar in a dog from 13 grammes to 5 grammes. By the aid of curved lines the daily modifications of the elimination is graphically shown to be irregular. Finally, Professor Sée experimented directly with antipyrin on diabetic patients, and obtained good effects from this treatment. Bearing in mind the general action of antipyrin, which diminishes the irritability of the nervous system, as shown by MM. Sée and Gley, it may be asked whether diabetes is not produced by some nervous deviation of nutrition, and more by its exaggeration than by its slackening.

Medical Competitive Prizes.

The Minister of the Interior has placed at the disposal of the Academy of Medicine the sum of 1000 francs, to be given as a prize to the author of the best paper on "The Education of the Organs of Sense, of Sight, and of Hearing in the First and Second Period of Childhood." The papers should be addressed to the Academy of Medicine before March 1st, 1890. The usual academic rules and forms are to be observed. The Faculty of Medicine of Paris, on the report of a commission formed by Professors Potain, Jaccoud, Grancher, and Strauss, has awarded the Prix Lacaze, of the

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value of 10,000 francs, to Dr. Malassez, director of the Histological Laboratory at the College of France, for his works on Tuberculosis. This choice is the more remarkable, as Dr. Malassez did not put in his candidature for the prize.

The Academy of Medicine.

Dr. Budin, *agrégé* of the Faculty of Paris, has been elected Member of the Academy of Medicine, in the section of Obstetrics, in the room of Dr. Blot, deceased.

Paris, Feb. 19th.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

AT an extraordinary meeting of the Council, held on Feb. 21st, the minutes of the Ordinary Council on the 12th inst. were read and confirmed. The minutes of the 18th inst. of the Committee on the Formulæ for New Bye-laws, as the report from that committee, were read, and the said formulæ were approved and accepted, and were again referred to the committee for further consideration and report.

The President reported, on behalf of himself and the Vice-Presidents, that the Hunterian Oration was duly and properly delivered by Mr. Henry Power on the 14th inst., and the best thanks of the Council were given to Mr. Power for his Oration, and he was requested to publish it.

A letter of the 14th inst. was read, addressed to the President, from Mr. Warwick C. Steele and Mr. William Ashton Ellis, Honorary Secretaries of the Association of Members of the College, submitting, by direction of the Association, a copy of a requisition received by them, and requesting, by the instructions of the "Central Committee" of the Association, the President to place at the disposal of the meeting of Fellows and Members therein mentioned either the theatre or the lower library of the College. It was resolved unanimously that Messrs. Steele and Ellis be informed that the Council are unable to grant the request contained in their letter, as the meeting which they ask permission to hold would be illegal, being contrary to the Bye-laws, and cannot, therefore, be allowed. The President reported that his attention had been called to an advertisement which appeared in THE LANCET and *British Medical Journal* of the 16th inst., purporting to be signed by Messrs. Warwick C. Steele and William Ashton Ellis, and announcing that a meeting of Fellows and Members of the College would be held at the College on the 28th inst., and that he had referred the question to Mr. Wilde for his opinion as to what steps could be taken in the matter.

A draft of a letter of the 16th instant, prepared by Mr. Wilde and addressed to Mr. Steele and Mr. Ellis, was read inquiring whether the advertisement purporting to be signed by them was issued by their authority, pointing out to them the breach of Clause 1, Section 17, of the Bye-laws, of which they had each been guilty, informing them that the advertisement would be brought under the consideration of the Council on the 21st instant, and affording them the opportunity of offering explanations or submitting reasons why the Council should not proceed to enforce the penalties incurred by them under the said section of the Bye-laws. A letter was read from Messrs. Steele and Ellis, a copy of which will be found on p. 400. It was resolved that the consideration of the infraction of the bye-laws by the conveners of the illegal meeting of Fellows and Members, proposed to be held at the College on the 28th inst., be postponed to the ordinary meeting of the Council on the 14th of March next; and that the Fellows and Members implicated in the matter be desired to give reasons in writing why the Council should not proceed to inflict the legal penalties.

It was resolved unanimously that the College be closed from the evening of Wednesday, Feb. 27th, until Friday morning, the 1st March, and that a notice to this effect be posted in the hall of the College.

The thanks of the Council were given to Messrs. Sibley and Willet for their services to the Board of Trade in conferring with the medical officers and assisting to prepare medical scales of passenger ships.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentleman, having passed the necessary examinations for the diploma, was, at an extraordinary meeting of the Council on the 21st inst., admitted a Member of the College:—

Smith, Thomas Wilson, Shooter's Hill-road, S.E.

UNIVERSITY OF LONDON.—At the Intermediate Examination in Medicine held in January the following candidates were approved:—

Entire Examination.

First Division.—Henry Albert Caley, St. Mary's Hospital; George H. Cooke, Owens Coll. and Manchester Royal Infirmary; Malcolm Langton Hepburn, St. Bartholomew's Hospital; Joseph Moore, St. Bartholomew's Hospital; Sidney Herbert Perry, Queen's College, Birmingham; Orestes Victoriano Pisani, King's College; William Gusterson Rogers, Guy's Hospital.

Second Division.—Henry Jones Curtis, University College; Douglas Richard Green, University College; John George Hewitson, University College; John William Frank Jewell, Guy's Hospital; Vincent Warren Low, St. Mary's Hospital; Lionel Dewe Lowsley, St. Bartholomew's Hospital; Arthur Manknell, Yorkshire College; Richard Gundry Rows, University College; Amy Sheppard, London School of Medicine for Women; Ernest Newlyn Smith, University College; Thomas George Stevens, Guy's Hospital; John Llewellyn Thomas, St. Bartholomew's Hospital; William Francis Umney, St. Thomas's Hospital; Holburt Jacob Waring, B.Sc., St. Barthol. Hospital.

Excluding Physiology.

First Division.—John James Brown, Guy's Hospital.

Second Division.—Joseph Richard Buckley, Owens College; Rupert James, University College; Geoffrey Colley March, Owens College; Charles Barré Phipps Spencer, Guy's Hospital; Frederick Wallace Wilson, Guy's Hospital.

Physiology only.

Second Division.—William Barker Bale, Owens College; Edward Mansfield Brockbank, Owens College; Theodore Henry Ionides, University College; Reginald S. Pearson, Owens Coll. and Manch. Roy. Infirmary; James Yeomans, University College.

UNIVERSITY OF CAMBRIDGE.—At a congregation held on Feb. 15th the following degrees were conferred:—

Bachelors of Medicine and Bachelors of Surgery.—Alexander George William Bowen, Alfred William Musson, King's; William Herbert Fox, Trinity; Guy Budd Courtney, Pembroke.

ROYAL COLLEGE OF PHYSICIANS IN IRELAND.—At the February examinations the following obtained licences in Medicine and Midwifery:—

Medicine.—Osborne Henderson Hudson.

Midwifery.—Robert William Henry Jackson, Osborne Henderson Hudson.

The undernamed were admitted Members:—

George Row Carter. Thomas De Renzy.

VACCINATION GRANT.—Mr. Merlin, L.R.C.P.Ed., of Sutton, has, for the fifth time, received the Government grant for efficient vaccination.

THE Clarence Barracks at Portsmouth have been closed in consequence of sanitary defects, which are suspected to be the cause of undue sickness amongst the troops stationed there.

SEWERAGE WORKS AT MILNROW.—The central authority has given formal sanction to the Milnrow Local Board to borrow £11,600 for sewerage works, and steps have been taken to prepare plans for the proposed scheme.

STOCKTON SURGICAL HOSPITAL.—The governors have resolved to increase the accommodation of the hospital by twenty-six additional beds, at an outlay of between £2000 and £3000.

THE PARK FOR VAUXHALL.—The Lambeth Vestry has resolved that the Vestry forthwith enter into a contract for the purchase, for the sum of £43,500, of Vauxhall-park, in accordance with the terms of the Vauxhall-park Act. The balance of the purchase money recently required has been either received or promised.

BURIAL REFORM.—Earl Fortescue presided last week at the monthly meeting of the Council of the Church of England Burial, Funeral, and Mourning Reform Association in the Church House, Westminster. It was stated that at a conference held at the Mayor's residence, Leeds, and at a ruridecanal chapter of the Paddington clergy, it was resolved unanimously that the question of burial reform, from a Christian, economical, and sanitary point of view, demanded grave consideration. The annual meeting will take place, by the permission of the Lord Mayor, in the Mansion House, London, on May 3rd.

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THE SANITARY INSTITUTE.—At a meeting of the council of this Institute held on Feb. 13th, G. J. Symons, F.R.S., in the chair, it was decided to hold in the summer a course of twelve lectures for medical men. Twenty-six members and associates were added to the register, and fifty applications read for election at the next meeting.

CALCUTTA MICROSCOPICAL SOCIETY.—The first report of this Society has been issued, and is of a satisfactory character, the membership having increased since the Society's inception in June, 1887, from twenty-one to sixty-four. There have been eleven general meetings, all fairly well attended, and the business transacted has been of an interesting nature.

ROYAL NATIONAL HOSPITAL FOR CONSUMPTION, VENTNOR.—The annual report for 1888 shows that the income during the year amounted to £8913, and the expenditure to £9280. The in-patients had increased from 666 to 735, the residence of each averaging upwards of ten weeks. Internal improvements to seven of the blocks of houses are contemplated during the present year, at an estimated outlay of at least £3000.

THE DRAINAGE OF CHERTSEY AND ADDLESTONE.—On the 5th instant the Chertsey rural sanitary authority accepted Mr. Radford's "pure effluent" drainage scheme, which consists in laying fifteen miles of water-tight sewers to convey the sewage to a selected site, when it will be pumped to a proper level, and dealt with by chemical precipitation in tanks, on the intermittent principle, followed by land filtration. The estimated cost is £24,500.

COUNTY ANTRIM INFIRMARY.—The annual report for 1888 states that the admissions of patients during the year numbered 418. There were 329 extern patients, a decrease of 286 from the previous year, caused by ceasing to give medicine in that department, and only advice. Thirty-three operations were performed, of which thirty were successful, and three died. The treasurer's account showed a balance in hand of £103 10*s.* 1*d.*

FRUIT EXHIBITION AT THE MANSION HOUSE.—By permission of the Lord Mayor (who is an expert on the subject of fruit culture), the Court of the Fruiterers' Company purpose holding at the Mansion House during July an exhibition of "soft fruits," such as strawberries, raspberries, &c. This is an outcome of a proposal made by his lordship at a recent banquet of the Company. The court has secured the co-operation of several eminent men in floriculture, horticulture, &c.—*City Press.*

BRADFORD EYE AND EAR HOSPITAL.—The thirty-second annual meeting was held on February 15th. 3182 new cases had been admitted, showing an increase of 309 over the preceding year. 523 in-patients had occupied beds on 9352 days. The cost of board per diem including resident staff was 11·73*d.* 501 major operations had been performed, including 64 extractions of senile cataract. The yearly expenditure was £1572, which was covered by the income. The committee drew attention to the great decrease in the number of shuttle accidents.

HUNTERIAN SOCIETY.—The following is a list of officers elected for the ensuing session:—President: Mr. R. Clement Lucas. Vice-presidents: Drs. Fletcher Beach and Heinrich Port; Messrs. G. B. Hicks and Alfred H. Smee. Treasurer: Mr. W. Rivington. Trustees: Dr. H. I. Fotherby and Mr. F. M. Corner. Librarian: Mr. A. T. Davies. Orator: Dr. Stephen Mackenzie. Secretaries: Dr. F Charlewood Turner and Mr. John Poland. Council: Drs. R. Hingston Fox, A. T. Gibbings, Dundas Grant, P. Horrocks, and J. H. Stowers; Messrs. S. H. Appleford, T. Lloyd Brown, J. S. E. Cotman, John Davies, T. Rowing Fendick, T. Mark Hovell, and R. G. Tatham.

PRESENTATIONS.—At the distribution of certificates to successful candidates in a recent examination following a course of St. John Ambulance lectures, the members of the male class presented their lecturer, Dr. J. W. Shortridge, with a handsome case of heavily silver-mounted carvers as a mark of their appreciation of the manner in which he had expended his time and trouble on their behalf. At Sutton, Cambridgeshire, Mr. W. J. Merlin, L.R.C.P. Ed., and L.F.P.S. Glas., who has been elected a county councillor for the Western Division of the Isle of Ely, has just been presented by his patients during the past year with a silver tea service, a silver waiter, a microscope by Beck, and six dozen slides.

ISOLATION HOSPITAL, NEAR WAKEFIELD.—On the 6th inst. a well-arranged hospital, which has just been erected by the rural sanitary authority of the Wakefield Union, for the isolation and treatment of infectious cases which may break out in the various parishes comprising the authority's district, was formally opened.

CITY OF LONDON DISPENSARY.—The Lord Mayor presided at the centennial festival, held at the Albion Tavern last week. His lordship, in proposing the toast of the evening, "Prosperity to the City Dispensary," adverted to the special circumstances of that occasion and to the good work the institution had done during the long period of its existence and also to its claims upon generous public support. The vested funds produced less than £100 a year, and £1300 was required. The balance sheet exhibited a surplus of £299.

FOOTBALL ACCIDENTS.—On Feb. 16th T. Greenwood, of Huddersfield, while playing with the Primrose Hill Club against Staniland, of the same town, received serious spinal injuries, which resulted in death the following morning.—In the final tie for a challenge cup, between Braintree Brush-makers and Rayne Foundry, Essex, W. Vale, captain of the former, had his jawbone fractured, and young Mr. Lake, one of the latter team, had his collar-bone broken. The play is stated to have been exceedingly rough.—At Sheffield a young man named Woolhouse received a kick in the lower part of the body and was carried off the ground to the infirmary. Next day he was able to be removed to his home.—Minor accidents are reported from other places.

UNIVERSITY AMBULANCE CORPS, ABERDEEN.—Dr. Ogston occupied the chair at a smoking concert held recently in the Queen's Hall, Union-street, under the auspices of the Aberdeen University Ambulance Corps. There was a numerous attendance. The chairman during an interval delivered a short address, and observed incidentally that the history of aid to the sick and wounded in war, in which they were playing their part, was in no small degree connected with their *alma mater*, the University of Aberdeen. Two of the earliest heroes of the movement—the late Colonel Duncan and the late Surgeon-Major Shepherd—were their fellow *alumni*. Colonel Duncan was the projector of the Ambulance Department of the Order of St. John of Jerusalem in England. Surgeon-Major Shepherd was one of the earliest teachers on ambulance work, and he published the first English handbook on the subject.

OPEN COMPETITION FOR SPANISH PRIZES.—The Spanish Royal Academy of Medicine offers prizes for essays on the following four subjects:—1. The influence exercised by the progress of physics and chemistry on surgery, from the middle of the century to the present time. 2. Chemical and micrographical studies of potable waters with reference to hygiene. Alvarez Alcalá Prizes: 1. The therapeutic value of the so-called antithermic drugs in pyrexia. 2. Supposing that anatomical conditions of the human organism are capable of influencing the acts of the individual, what rules has science laid down for the distinction between criminal and meritorious actions? A gold medal and 750 francs will be awarded as first prize for each of the first two subjects; there will also be a second prize of a silver medal. The essays must be written in Spanish or in Latin. The prizes for the Alvarez Alcalá subjects will be 3000 reals. Competing essays are to be written in French, Latin, or Spanish. The essays for any of the above prizes are to be sent to the secretary of the Academy, Calle de la Greda, No. 15, before May 1st, 1890, and must not be signed, but must be accompanied in the usual way by a sealed envelope containing the name of the author, and bearing on the outside a motto corresponding with the one inscribed on the essay. The Spanish Medico-Chirurgical Academy offers prizes for essays on the following subjects:—1. A criticism of the various anti-parasitic methods of treatment in medicine, surgery, and midwifery. 2. Señor Morales Prize: A critique on lithotrity, lithotomy, litholapaxy, and perineal and suprapubic cystotomy. The amount of the Academy prize is 250 francs, and that of the Morales prize 700 francs. The essays may be written in Spanish, Portuguese, French, Italian, English, or German. They must be sent to the secretary, Montera, No. 22, bajo, Madrid, before Sept. 15th, 1889. They must not be signed, but must be accompanied by a sealed envelope containing the name of the writer, as in the case of the prizes of the Royal Academy.

Appointments.

Successful applicants for Vacancies, Secretaries of Public Institutions, and others possessing information suitable for this column are invited to forward it to THE LANCET *Office, directed to the Sub-Editor, not later than 9 o'clock on the Thursday morning of each week for publication in the next number.*

ABBOTT, CHAS. EDWARD, L.K.Q.C.P.I., M.R.C.P., has been reappointed Medical Officer of Health for the Braintree Urban and Rural Sanitary Districts.

ABBOTT, F. C., L.R.C.P., M.R.C.S., has been appointed House Surgeon to St. Thomas's Hospital.

ALLDEN, SIDNEY J., M.B., B.S. Dunelm, has been appointed House Surgeon to the Royal Infirmary, Newcastle-on-Tyne, vice J. Wilkinson, M.B., C.M., resigned.

ANDERSON, G. R., L.R.C.P., M.R.C.S., has been appointed Assistant House Physician to St. Thomas's Hospital.

AXFORD, W. H., M.B.Lond., M.R.C.S., has been reappointed Honorary Medical Officer to the Southsea Medical, Surgical, and Convalescent Home.

BOYCOTT, A. N., L.R.C.P., M.R.C.S., has been appointed Assistant House Surgeon to St. Thomas's Hospital.

BOYD, F. D., M.B. & C.M.Edin., has been appointed Resident Physician to the Royal Edinburgh Hospital for Sick Children.

BRAYE, R. J., L.R.C.P. Lond., M.R.C.S., has been appointed Medical Officer to the Leicester Provident Dispensary, vice Dr. Cox-Hippisley, deceased.

BRISTOWE, H. C., L.R.C.P., M.R.C.S., has been reappointed Resident House Physician to St. Thomas's Hospital.

BROWN, C., L.R.C.P., M.R.C.S., has been appointed House Surgeon to St. Thomas's Hospital.

BUSH, J. P., M.R.C.S., L.S.A., has been appointed Surgeon to the Royal Infirmary, Bristol.

CARR, J. WALTER, M.D., B.S.Lond., F.R.C.S.Eng., has been appointed Assistant Physician to the Victoria Hospital for Children, Chelsea, vice A. J. Venn, M.D., M.R.C.P., resigned.

COPELAND, W. H. L., M.B. Cantab., L.R.C.P., M.R.C.S., has been appointed Non-resident House Physician to St. Thomas's Hospital.

COUSINS, J. W., M.D.Lond., M.B., F.R.C.S.Eng., has been reappointed Surgeon to the South Coast Medical, Surgical, and Convalescent Home, Southsea.

COWEN, T. P., L.R.C.P., M.R.C.S., has been appointed Clinical Assistant for Diseases of the Ear to St. Thomas's Hospital.

CRISP, E. H., L.R.C.P., M.R.C.S., has been reappointed Clinical Assistant for Diseases of the Skin to St. Thomas's Hospital.

CROSSLEY, ARTHUR, M.R.C.S., L.R.C.P., has been appointed Surgeon to the Leicester Provident Dispensary.

CROSSLEY, CHARLES, L.R.C.P., L.R.C.S. & L.M.Edin., has been appointed Surgeon to the Leicester Provident Dispensary.

GILLESPIE, A. L., M.B. & C.M.Edin., has been appointed Resident Physician to the Royal Edinburgh Hospital for Sick Children.

HARRIS, HERBERT ELWIN, B.A., M.B. Cantab., M.R.C.S., L.R.C.P., has been appointed Medical Superintendent to the Infirmary, St. George-in-the-East, vice Dr. J. W. Sanders, deceased.

HASTINGS, E. B., L.R.C.P.Lond., M.R.C.S., has been appointed House Physician to the Royal Hospital for Diseases of the Chest, City-road, London.

HULBERT, H. H., L.S.A., has been appointed Assistant House Surgeon to St. Thomas's Hospital.

JAKINS, PERCY S., M.R.C.S., has been appointed Surgeon to the Central London Throat and Ear Hospital, Gray's-inn-road, late Senior Assistant Surgeon.

JAMES, C. H., L.R.C.P., M.R.C.S., has been appointed House Surgeon to St. Thomas's Hospital.

KIMPSTER, T. M., M.B., B.S., Dunelm, has been appointed House Surgeon to the Royal Infirmary, Newcastle-on-Tyne, vice W. Baigent, M.B., B.S., resigned.

MACKAY, W. M., L.R.C.P., L.R.C.S. & L.M.Edin., L.F.P.S.Glas., has been appointed Medical Officer of the North Shields District, Tynemouth Union.

MANNERS, W. F., M.R.C.S., L.S.A., has been appointed Clinical Assistant for Diseases of the Skin to St. Thomas's Hospital.

MURRAY, H. MONTAGUE, M.D.Lond., M.R.C.P., has been appointed Assistant Physician to the Victoria Hospital for Children, Chelsea, vice T. C. Fox, M.B.Lond., M.R.C.P., appointed Physician to In-patients.

ROBINSON, G. ARBUTHNOT, M.B., B.S. Dunelm, M.R.C.S., has been appointed House Surgeon to the Royal Infirmary, Newcastle-on-Tyne, vice H. J. Parry, M.B., B.S., resigned.

SMITH, G. MUNRO, L.R.C.P.Lond., M.R.C.S., has been appointed Assistant Surgeon to the Royal Infirmary, Bristol.

SOLLY, R. V., M.B., B.S.Lond., L.R.C.P., M.R.C.S., has been appointed House Surgeon to St. Thomas's Hospital.

STABB, E. C., F.R.C.S., L.R.C.P., M.R.C.S., has been appointed Resident Accoucheur to St. Thomas's Hospital.

STRONG, E. H., M.R.C.S., L.R.C.P. Lond., has been appointed Resident House Surgeon to the County Hospital, Huntingdon, vice J. B. Ridley, M.B., C.M. Edin.

STROTHER, J., M.B. & C.M.Edin., has been appointed House Surgeon to the Northern Infirmary, Inverness.

THOMSON, JOHN, M.B., F.R.C.P. Edin., has been appointed Extra Physician to the Royal Hospital for Sick Children, Edinburgh.

TURNER, F. S., L.R.C.P.Lond., M.R.C.S., has been appointed Medical Officer of the Workhouse Infirmary, and of the Amersham and Penn Districts, Amersham Union.

TURNEY, H. G., M.B., B.Ch. Oxon., L.R.C.P., M.R.C.S., has been appointed Resident House Physician to St. Thomas's Hospital.

VINRACE, J. H., M.B., M.R.C.P.Lond., M.R.C.S., has been appointed Assistant Physician to the St. John's Hospital for Diseases of the Skin, London.

WALKER, LAWRENCE NEWMAN, J.P., L.F.P.S. & L.M. Glas., L.S.A. Lond., has been appointed Railway Medical Officer of the Youw's River Section of the Western System of the Cape Government Railways, South Africa.

Vacancies.

In compliance with the desire of numerous subscribers, it has been decided to resume the publication under this head of brief particulars of the various Vacancies which are announced in our advertising columns. For further information regarding each vacancy reference should be made to the advertisement.

GENERAL HOSPITAL, Birmingham.—Resident Medical Officer. Salary £130 per annum, with residence, board, and washing.

KING'S COLLEGE, London.—Chair of Forensic Medicine.

JESSOP HOSPITAL FOR WOMEN, Sheffield.—House Surgeon. Salary £50 per annum, with board, lodging, and washing.

LIVERPOOL NORTHERN HOSPITAL.—Assistant House Surgeon. Salary £70 per annum, with residence and maintenance in the house.

LONDON FEVER HOSPITAL, Liverpool-road.—Physician and Assistant Physician.

MALE LOCK HOSPITAL, 91, Dean-street, Soho, W.—House Surgeon. Salary £50 a year, with board and furnished apartments.

M. LYON, Annesley Colliery, near Nottingham.—Resident Surgeon for a large Colliery Club.

NOTTINGHAM FRIENDLY SOCIETIES' MEDICAL INSTITUTION.—Non-resident Assistant Medical Officer. Salary to commence at £120 per annum.

ROTHERHAM HOSPITAL.—Assistant House Surgeon. No salary, but rooms, commons, and washing provided in the hospital.

ROYAL LONDON OPHTHALMIC HOSPITAL, Moorfields, E.C.—Assistant House Surgeon. Salary £50 per annum, with board and residence.

VICTORIA HOSPITAL FOR SICK CHILDREN, Queen's-road, Chelsea.—House Physician to the In-patients. Honorarium £50 per annum. Board and lodging provided in the hospital.

WEST-END HOSPITAL FOR DISEASES OF THE NERVOUS SYSTEM, 73, Welbeck-street, W.—Physician for Diseases of the Throat and Ear, and also Ophthalmic Surgeon.

WEST HERTS INFIRMARY, Homel Hempstead.—House Surgeon and Dispenser. Salary £100 per annum, with board, furnished rooms, fire, lights, and attendance.

Births, Marriages, and Deaths.

BIRTHS.

ARNOLD.—On the 2nd ult., at Nagasaki, the wife of C. Arthur Arnold, M.B., C.M. Aber., of a daughter

COLGATE.—On the 16th inst., at Kent Lodge, Seaside-road, Eastbourne, the wife of Henry Colgate, M.D., F.R.C.S., prematurely, of a daughter, stillborn.

GRIFFITHS.—On the 14th inst., at Kensington-square, the wife of Herbert T. Griffiths, M.D., of a son.

GUILLEMARD.—On the 14th inst., at Netley Lodge, Southsea, the wife of Bernard J. Guillemard, M.D., of a son.

KEALY.—On the 15th inst., at Moreland-terrace, Forton, Gosport, the wife of J. W. Gregory Kealy, M.R.C.S., Associate of King's College, London, of a daughter.

PRESTON.—On the 15th inst., at Cambridge-road, Lee, S.E., the wife of T. J. Preston, Esq., Staff-Surgeon R.N., of a daughter.

RANKING.—On the 16th inst., at Hanover House, Tunbridge Wells, the wife of John E. Ranking, M.D., M.R.C.P., of a daughter.

SHORE.—On the 16th inst., at Crouch Hill, the wife of T. W. Shore, M.D., B.Sc., of a son.

SMYTH.—On the 13th inst., at The Beeches, Shenley, Herts, the wife of R. V. Beatty Smyth, M.A., M.D., of a daughter.

MARRIAGES.

CARDEW—MICHAEL.—On the 16th inst., at St. Marylebone Parish Church, by the Rev. Grant E. Thomas, M.A., B.C.L. Oxon., H. W. D. Cardew, M.R.C.S.Eng., to Mary Isabel, daughter of John William Michael, of 3, Wellington Mansions, Regent's-park.

EWENS—BLOOMER.—On the 16th inst., in the Chapel Royal, Savoy, Francis Ewens, M.D., to Editha, second daughter of Beaz Bloomer, late of The Grove, Pelsall.

WALKER—BERRY.—On the 20th inst., at the Wesleyan Chapel, Eccles, near Manchester, by the Rev. H. E. Gregg, Alfred Wm. Hinsley Walker, M.R.C.S. Eng., L.R.C.P. Lond., M.D. Brux., of Argyle House, Harrogate, to Rose Blanche, daughter of the late Joseph Berry, Esq., of Eccles.

WESTERHAM — LEWIS. — Arthur Maude Westerham to Katharine, daughter of Lennard Lewis, Canfield-gardens, Hampstead.

DEATHS.

BIRNIE.—On the 15th inst., at Bournemouth, William Pittillo Birnie, in the 22nd year of his age.

HAVERTY.—On the 14th inst., at Matheson-road, West Kensington, Surgeon-Major J. C. Haverty, late 52nd Light Infantry, aged 66.

WOOLHOUSE.—On the 30th ult., on board the s.s. *Parramatta*, Henry Hervé Woolhouse, M.R.C.S., of Melbourne, son of the late Captain Woolhouse, H.M.'s 44th Regt., aged 62.

N.B.—A fee of 5s. is charged for the Insertion of Notices of Births, Marriages, and Deaths.

Medical Diary for the ensuing Week.

Monday, February 25.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations daily at 10 A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1.30 P.M., and each day at the same hour.
CHELSEA HOSPITAL FOR WOMEN.—Operations, 2.30 P.M.; Thursday, 2.30.
ST. MARK'S HOSPITAL.—Operations, 2 P.M.; Tuesday, 2.30 P.M.
HOSPITAL FOR WOMEN, SOHO-SQUARE.—Operations, 2 P.M., and on Thursday at the same hour.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M., and each day in the week at the same hour
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—5 P.M. Mr. C. A. Ballance: Pathology of Hæmorrhage after Ligation in Continuity.
MEDICAL SOCIETY OF LONDON.—8.30 P.M. Clinical Evening. Mr. A. M. Sheild: (1) Vicious Union of Metacarpal Bone remedied by Operation; (2) Obstinate Ulceration of the Tongue cured by Opium.—Mr. W. Rose: Wound of Median Nerve followed by Epilepsy, and treated by Excision and subsequent Division of Nerve high up.—Dr. Angel Money: Macrocephalus and Lipomatosis Neurotica.—Dr. A. E. Garrod: Boy with Rheumatic Nodules and Mitral Disease.—Mr. B. Pitts: Boy with Congenital Cyst over Anterior Fontanelle and subject to Epileptic Fits.—Dr. P. Herringham: Case of Infantile Palsy having Distribution not according to Function.—Mr. H. Allingham: Cases of Excision of Knee by Vertical Central Incision.

Tuesday, February 26.

GUY'S HOSPITAL.—Operations, 1.30 P.M., and on Friday at the same hour Ophthalmic Operations on Monday at 1.30 and Thursday at 2 P.M.
ST. THOMAS'S HOSPITAL.—Ophthalmic Operations, 4 P.M.; Friday, 2 P.M.
CANCER HOSPITAL, BROMPTON.—Operations, 2 P.M.; Saturday, 2 P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2.30 P.M.
ST. MARY'S HOSPITAL.—Operations, 1.30 P.M. Consultations, Monday, 2.30 P.M. Skin Department, Monday and Thursday, 9.30 A.M. Throat Department, Tuesdays and Fridays, 1.30 P.M. Electro-therapeutics same days, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Mr. G. J. Romanes: Before and after Darwin.
BRITISH MEDICAL TEMPERANCE ASSOCIATION (in the rooms of the Medical Society, 11, Chandos-street, W.).—4 P.M. Dr. Walter Pearce: Alcoholism and Hysterical Paralysis.
SOCIETY OF ARTS.—8 P.M. Mr. W. H. J. Weale: English Bookbinding in the Reign of Henry VIII.

Wednesday, February 27.

NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 10 A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1.30 P.M.; Saturday same hour. Ophthalmic Operations, Tuesday and Thursday, 1.30 P.M. Surgical Consultations, Thursday, 1.30 P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1.30 P.M.; Saturday, same hour.
LONDON HOSPITAL.—Operations, 2 P.M.; Thursday & Saturday, same hour.
GREAT NORTHERN CENTRAL HOSPITAL.—Operations, 2 P.M.
SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2.30 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.; Saturday, 2 P.M. Skin Department, 1.45 P.M.; Saturday, 9.15 A.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M., and on Saturday.
KING'S COLLEGE HOSPITAL.—Operations, 3 to 4 P.M.; Friday, 2 P.M. Saturday, 1 P.M.
CHILDREN'S HOSPITAL, GREAT ORMOND-STREET.—Operations, 9.30 A.M.; Surgical visits on Wednesday and Saturday at 9.15 A.M.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—5 P.M. Mr. C. A. Ballance: Pathology of Hæmorrhage after Ligation in Continuity.
HUNTERIAN SOCIETY.—8 P.M. Clinical Evening. Mr. Humphreys: Peripheral Neuritis after Typhoid Fever.—Dr. Stowers: Cases of Cutaneous Disease.—Dr. Hingston Fox: (1) Local Hyperidrosis; (2) Congenital Malformation of Fingers.—Mr. Poland: Cured Hydatid of the Liver. And other Specimens.
SOCIETY OF ARTS.—8 P.M. Mr. Alan S. Cole: The Irish Lace Industry.
BRITISH GYNÆCOLOGICAL SOCIETY.—8.30 P.M. A Report from the Council will be read. Specimens will be shown by Dr. Bantock, Mr. Lawson Tait, Dr. Bedford Fenwick, and others. Dr. Macnaughton Jones: On the Use and Abuse of Massage in Gynæcological cases.

Thursday, February 28.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M. Surgical Consultations, Wednesday, 1.30 P.M. Ophthalmic Operations, Friday, 1.30 P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Dr. Sidney Martin: The Venom of Serpents and Allied Poisons.
THE SANITARY INSTITUTE (Parkes Museum).—5 P.M. Col. W. Hope: The Metropolitan Sewage Question.
HARVEIAN SOCIETY OF LONDON.—8.30 P.M. Mr. Shirley-Murphy: House Drainage in its relation to Disease.

Friday, March 1.

ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—5 P.M. Mr. C. A. Ballance: Pathology of Hæmorrhage after Ligation in Continuity.
WEST LONDON MEDICO-CHIRURGICAL SOCIETY.—8 P.M. Mr. Lunn: Notes on Three Cases of Empyema treated by Resection of a Rib.—Dr. Macnaughton Jones: The Etiology and Treatment of Chronic Suppurative Catarrh of the Tympanum.—Mr. R. W. Lloyd: A Case of Gastric Ulcer with Perforation.
ROYAL INSTITUTION.—9 P.M. Mr. Edmund Gosse: Leigh Hunt.

Saturday, March 2.

MIDDLESEX HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Rt. Hon. Lord Rayleigh: Experimental Optics (Polarisation; Wave Theory).

METEOROLOGICAL READINGS.

(Taken daily at 8.30 a.m. by Steward's Instruments.)

THE LANCET Office, February 21st, 1889.

Date.	Barometer reduced to Sea Level and 32° F.	Direction of Wind.	Dry Bulb.	Wet Bulb.	Solar Radia in Vacuo.	Maximum Temp. Shade.	Min. Temp	Rainfall.	Remarks at 8.30 A.M.
Feb. 15	29·60	N.W.	40	37	76	47	35	·35	Cloudy
,, 16	30·23	W.	33	33	..	47	31	..	Hazy
,, 17	30·15	S.W.	44	42	81	59	34	·12	Bright
,, 18	30·45	S.W.	45	44	81	56	43	..	Overcast
,, 19	30·40	W.	49	47	..	53	44	..	Overcast
,, 20	30·10	W.	44	42	71	50	42	..	Raining
,, 21	30·13	N.	41	39	67	46	39	·07	Cloudy

Notes, Short Comments, & Answers to Correspondents.

It is especially requested that early intelligence of local events having a medical interest, or which it is desirable to bring under the notice of the profession, may be sent direct to this Office.

All communications relating to the editorial business of the journal must be addressed "To the Editors."

Lectures, original articles, and reports should be written on one side only of the paper.

Letters, whether intended for insertion or for private information, must be authenticated by the names and addresses of their writers, not necessarily for publication.

We cannot prescribe or recommend practitioners.

Local papers containing reports or news paragraphs should be marked and addressed to the Sub-Editor.

Letters relating to the publication, sale, and advertising departments of THE LANCET *to be addressed "to the Publisher."*

We cannot undertake to return MSS. not used.

A LARGE FEE.

A WEALTHY sugar manufacturer of Odessa who died recently of typhoid fever, not being content with the five Odessa practitioners who were in attendance, sent first to Kieff for Prof. Trichel, and finally, a few days before he died, to Vienna for Prof. Nothnagel, for whom a special train was ordered. It is stated that the fee given to the eminent Austrian professor was £1500.

J. G. L.—Since the great work of Puccinotti, published more than fifty years ago, medical jurisprudence has numbered few first-rate treatises in Italy. The Naples school, however, has lately taken a creditable lead in reviving that important branch of medicine, thanks to her new professor of the subject—Dr. Nicola de Pedys. His "Osservazioni Medico-Legali sul Nuovo Codice Penale" (Medico-legal Observations on the New Penal Code), dealing mainly with injuries to the person, are well worth the consideration of the profession *ubique gentium*.

F. C. B.—It will be necessary for "pain" to be defined before our correspondent's question can be answered.

Administracion de la Medicina Práctica.—We cannot exchange.

R.—Yes.

"THE METROPOLITAN HOSPITAL."

To the Editors of THE LANCET.

SIRS,—I had hoped that some one in authority at the Metropolitan Hospital would have considered it worth while to explain in your columns the anomaly of a hospital which was founded for the "gratuitous relief of the sick poor of every nation and creed" being now accustomed to turn such people from its doors. So far, however, such an explanation has not been attempted, whilst the apologies which have appeared from subordinate officers, evidently prompted by loyalty to the hand that pays them—a most estimable sentiment, but certainly not calculated to give additional force to their arguments,—are, I think, very far from convincing anyone that the course taken by the hospital is a proper and right one.

Since I last addressed you I have been in communication with the committee, and I now ask you to be good enough to publish the correspondence (a copy of which I enclose) which has passed between the secretary and myself. I would draw your attention to the way in which the committee at first sought to fix upon me words that I had never used, and, failing that, to wrest the natural meaning of the words that I really did use.

Since these letters passed I have applied to inspect the original trust deed executed on the foundation of the Metropolitan Free Hospital. I was referred to the solicitors of the committee, Messrs. Merriman, Pike, and Merriman, who state that they do not know of any such deed; but they kindly offered to show me the draft of the deed conveying the present site of the hospital. I did not avail myself of their courtesy, but inspected the official copy of the last-mentioned deed at the Enrolment

Office. I find in this deed the following words, apparently extracted from some earlier deed: "On behalf of the Institution founded in the year 1836, under the denomination of the Metropolitan Free Hospital, for the gratuitous relief of the sick poor of every nation and creed." The deed cites the fact that the money with which the ground for the present hospital was purchased was obtained from the funds of the Metropolitan Free Hospital, and then goes on to say that the trustees shall stand possessed of the property for the purposes of the said institution called the Metropolitan *Free* Hospital, and for the general purposes of the said institution, to advance the interests and objects thereof.

With regard to the power to alter the conditions of a trust, I beg to quote the following from Lewin on the Law of Trusts, seventh edition, p. 487: "To every corporation there belongs of common right the powers of establishing bye-laws for the government of their own body; but this privilege cannot authorise the enactment of any rules or regulations that would tend to prevent or destroy the directions of the original founders and the objects of the charity."

So far as I can learn, no steps have been taken, by application to Parliament or to the High Court, to obtain approval of a new scheme for the trust, and therefore a question might properly be raised whether the managing body have not acted *ultra vires* in bringing about the revolution which they have. But this is only an expression of opinion, as to which I am, of course, subject to correction.

The change, however, has been made; but what is the justification for it? Is it either charity or philanthropy—charity to turn the poor away to the workhouse, or philanthropy to provide medical attendance for those who have shown that they can make provision of the sort for themselves. Is it not rather the outcome of the vanity which only too often leads the managing bodies of such institutions to make an outlay on buildings far in excess of their means? Then being left with no reserve, and the public subscriptions not being up to their expectations, recourse must be had to some scheme for keeping the institutions afloat. However, be the cause what it may, the effect in this instance is that the capital (in buildings, &c.) of what was started as a free hospital is used to trade with and undersell the members of an already overcrowded profession. How far they have succeeded is shown by the committee's recent eulogistic annual report, which, from the point of view of the profession, is sufficient to condemn the system. Their success, so far, is the measure of the injustice done to the local profession; and who can say how far it will extend, seeing that while the world remains as it is no one will pay 2s. 6d. for advice if he can get it for 1d. a week?

I am, Sirs, your obedient servant,

Southgate-road, N., Feb. 19th, 1889. A. H. SANDILAND.

*** The correspondence referred to is so voluminous that we are unable to find space for it. This is the less to be regretted as the gist of it is well summarised in the above letter.—ED. L.

Mr. Montagu Palmer.—The case of a miscarriage is special, and should be the subject of special charge.

J. A. R.—We do not see that we can usefully interfere in the matter.

"AN OBSCURE CASE."

To the Editors of THE LANCET.

SIRS,—The details of this case given by my friend, Mr. J. Sydney Langdon, in your last issue are no doubt interesting; but I think he will find, as time goes on, and if his patient remains under observation, that the chief symptom—"loss of sense of temperature in the feet and legs"—will prove to be one of those innumerable symptoms which attend the progressive development of locomotor ataxy. No doubt this disease has no equal in its variety of symptoms during the prémonitory period—i.e., prior to the development of a well-marked impairment of the coördinating power. And it may at first sight appear rash to designate my friend's case as one of tabes dorsalis. But though, from want of time no doubt, Mr. Langdon has omitted stating what, seeing this case is of an undoubted nervous disease, would have been most interesting and important—such as the condition of the patella reflex, the presence or absence of anæsthesia or hyperæsthesia, of ataxy, of analgesia, as well as the condition of the eyes, &c.—yet I cannot but feel that if we deal with such symptoms as are before us, we shall have little difficulty in arriving at the above diagnosis. We have a patient of an age which is certainly not uncommon for the above disease to definitely manifest itself—a patient, moreover, who, if not having an hereditary nervous history, yet has for some years been subject to nervous disorders and, as no doubt correctly inferred by Mr. Langdon, epilepsy in early life. There is the history of hæmorrhoids, the result no doubt of that obstinate constipation from which he suffered prior to the "educational course" of confection of senna, insomnia, "liquid motions," and morning sickness from a slight cause; all these symptoms, while capable of being accounted for in various ways, are certainly prémonitory symptoms of tabes dorsalis, or associated with it, as in the case of epilepsy. The sickness and liquid motions, to my mind, point more to gastralgia, so common in tabes, than to the effect of "one stiff dose of grog," unless, indeed, we have some liver mischief, which cannot be in the presence of the statement, "general health good." We are thus brought back to the one definite symptom in the case—"a loss of sense of temperature in the feet and half way up the legs." Now, this may be produced by contractions of the bloodvessels due to reflex paralysis, either following an injury, or from a hysterical dyscrasia, or from varicose veins. In the above case we have no history of an injury, and so may dismiss this on the ground that had there been one it would certainly have been stated. By the same process of exclusion the existence of varicose veins may, I think, be negatived; and this brings me to consider the wide subject of hysteria. No doubt the fits of crying after reading an alarming newspaper paragraph may point to such a disorder of the nervous system; and while I readily admit that the symptom I am now considering does often exist in cases of simple hysteria, yet I think I may with confidence assert that in such cases we never have such a permanent and gradual extension of "loss of sense of temperature" as, I gather, exists in my friend's case, and which is certainly met with in tabes dorsalis. Naturally we can only argue on what is before us, and if such omissions in Mr. Langdon's letter as I have alluded to are supplied, we may possibly have to give the hysterical side of the question more prominence.

In conclusion, I would suggest as a palliative, if not as a remedy, plenty of warm clothing in the way of thick stockings, and a hot-water bottle at night, with a mixture of five minims of tincture of nux vomica, ten grains of carbonate of soda, ten minims of spirit of chloroform, and five minims of ipecacuanha wine, in an ounce of infusion of gentian, three times a day.

I am, Sirs, your obedient servant,

Lindfield, Feb. 18th, 1889. ELLIOT DAUNT.

To the Editors of THE LANCET.

SIRS,—I should imagine the interesting case upon which Mr. Langdon invites suggestions in your last issue to be one of "nightmare." Probably, if he question the patient, he will learn that the sensation of cold occurs either at the commencement of sleep or the moment he awakes—that is, at a time when the patient is neither asleep nor awake. These cases are well worth careful thought. I have one under my care—a man aged forty-six, who has a sensation of cold when he goes to bed. It commenced with the little finger of the left hand, and now extends to all fingers of both hands. The moment he falls off to sleep it will occur, and wake him up. He will open his eyes, see everything around him, and yet the feeling will continue for half a minute after that. It also occurs when he first wakes in the morning. I believe these symptoms depend upon some error of digestion; and it is probable that Mr. Langdon's patient has deficiency of intestinal digestion brought on by the five years' course of aperients. The "organic disease of kidneys" was probably intermittent albuminuria, which, I believe, is usually caused by some form of dyspepsia. The low specific gravity of the urine may be caused by insufficient digestion of nitrogenous matter occurring in the intestines, so that abnormal products not easily expelled by the kidneys enter the blood, and, being conveyed to the nerve centres, cause peripheral sensations that are dispelled by sound sleep or being wide awake. If this be the case, I should try some digestive ferment (pancreatic, given in a coating that will not dissolve until it reaches the intestine), exercise, friction over abdomen, and tell the patient to eat slowly, &c.; and if this did not suffice, I should try restricting nitrogenous food. It is important to remember that in some forms of intestinal trouble the tongue may remain apparently normal—at least, such is my experience.—Yours obediently,

F. TAYLOR SIMSON, L.R.C.P.Lond., &c.

Lavender-hill, S.W. Feb. 19th, 1889.

To the Editors of THE LANCET.

SIRS,—In answer to your correspondent's appeal for help in the case described under the heading "An Obscure Case" in your last issue, will you allow me to suggest that the symptoms enumerated indicate impairment and inanition of the nervous system from over-pressure. These are best combated, in my opinion, by tonics rather than by sedatives and hypnotics. The exhibition of the latter remedies in cases of nervous debility is unsatisfactory and even injurious, and tends to bring these valuable medicinal agents into disrepute. I think it a good rule to confine their use exclusively to those cases in which sleeplessness is caused by pain or acute disease. I have found repeatedly that sleep may be effectually induced and a general improvement brought about in cases of nervous prostration by the exhibition of nervine tonics and alteratives. I should recommend for your correspondent's case a course of compound phosphorus pills, containing a combination of phosphorus, iron, quinine, and strychnia. A mixture containing bromide of ammonium and digitalis might in addition prove useful, together with appropriate hygienic and dietetic treatment.—Your obedient servant,

Kirkham, Feb. 18th, 1889. E. ATHERDEN THOMPSON, M.R.C.S.

EXCISION OF CLAVICLE FOR SARCOMA.

To the Editors of THE LANCET.

SIRS,—I shall feel very much obliged to any surgeon or curator of museum who will furnish me with particulars of cases of excision of the clavicle for sarcoma which may have come under their notice. I would suggest the following headings:—Surgeon; hospital or private; nature of disease; date of operation; if whole, or part only, of the bone was excised; result; if recurrence, either locally or in other parts of the body; age of patient; sex.—Yours faithfully,

FREDK. B. JESSETT, F.R.C.S. Eng.

Upper Wimpole-street, W., Feb. 20th, 1889.

THE DEATH-RATE OF HOVE.

To the Editors of THE LANCET.

SIRS,—In your notice of my annual report of Hove it is stated that the death-rate last year was 15·9. This is an error of the printer's. You will see from the accompanying report that it was only *11·9*, as compared with an average of 13·4. Would you kindly correct this in your next issue.

I am, Sirs, yours obediently,

Brighton, Feb 18th, 1889. W. KEBBELL.

*** The quotation we gave corresponded with the figures given in the copy of the report forwarded to us.—ED. L.

"THE USES AND METHODS OF THE NATIONAL MEDICAL AID COMPANY, LIMITED," SLINGSBY.

WE have very full statements of both sides of this controversy. It is eminently a two-sided one, which ought to be adjusted by concessions on both sides. Mr. Watt's explanation of his connexion with the National Medical Aid Company, *Limited*, is not satisfactory. But it is candid; and so is his whole statement of his case. His interest in the practice at Slingsby was acquired alike by years of labour and by honourable purchase. He was more unfortunate than culpable for bad assistants. He was not well treated by the clubs, and his circular to establish a provident dispensary must be judged in the light of this fact and of all the circumstances. It is not in evidence that he personally had served the clubs badly or unfaithfully. It was not unreasonable that he should oppose and resent an attempt to supersede him under the protection of a practitioner nine miles off.

Dr. J. H. Gramshaw (Gravesend) wishes to be referred to an account of an operation for obturator hernia, published some time within the last two years.

THE LATE MR. W. O. CHALK.

To the Editors of THE LANCET.

SIRS,—In the obituary notice of my late friend, Mr. W. O. Chalk, which you kindly inserted in THE LANCET of Dec. 8th, 1888, I have just discovered that I fell into an error, which I hasten to rectify. It is there stated that Mr. Chalk contributed a paper on Cod-liver Oil in Strumous Disease to the *Medical Gazette* for 1833. The date should have been *1843*; so that instead of, as inferred in the obituary, preceding Dr. Hughes Bennett's work, it actually followed it. I regret the mistake extremely; for although it still remains a fact that Mr. Chalk early recognised the value of the drug, yet, in justice to Dr. Bennett, it should be pointed out that he did not have priority over the latter.

I am, Sirs, yours faithfully,

Feb. 18th, 1889. THE WRITER OF THE OBITUARY NOTICE.

Labor.—Certainly he is entitled to try for the appointment, unless there are some very special circumstances making it unkind to do so.

Messrs. Battams and Hutchinson.—We cannot make any promise as to what we may do in the event suggested.

DERMOID CYST OF THE ORBIT TREATED BY INUNCTION OF IODIDE OF LEAD OINTMENT.

To the Editors of THE LANCET.

SIRS,—A young lady consulted me a few months since with a tumour springing from within the margin of the right orbit, and extending over the forehead. It was soft, somewhat movable, not adherent to the skin, and painless. I advised its removal by operation. As there was some hesitation on her part, I prescribed the inunction of iodide of lead ointment, ordering it to be rubbed in every night. I did not see her for two months, when she returned to show me that the tumour had disappeared. I could not discover a trace of the cyst.

I am, Sirs, yours faithfully,

February, 1889. W. J. V. HARLE, M.R.C.S.

M.R.C.S.—It is quite legitimate to move for any amendment in the law of titles. The title in question attaches only to a degree in medicine.

Graduate.—So long as the titles are used with taste and with reference to the nature of the qualifications held there can be no objection.

Disgusted has omitted to enclose his card.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. Wilks, London; Dr. Langdon Down, London; Dr. De Watteville; Dr. Sidney Phillips, London; Sir J. Fayrer, London; Dr. Campbell Black, Glasgow; Sir G. Goldie, London; Mr. Clement Lucas, London; Mr. S. Snell, Sheffield; Mr. J. D. Mortimer, Portsmouth; Dr. Bronner, Bradford; Dr. Auld, Glasgow; Mr. Branthwaite, Willesden; Dr. Hughes Bennett, London; Mr. F. Page, Newcastle-on-Tyne; Dr. Matthews Duncan, London; Dr. C. H. Fisher, Sittingbourne; Mrs. C. Olive, Manchester; Mr. F. T. Simson; Surgeon-Major Lawrie, Hyderabad; Mr. J. G. Johnson, Swindon; Dr. A. Bowie, London; Dr. Somerville Smith, Sittingbourne; Dr. W. R. Smith, London; Messrs. Battams and Hutchinson, Ealing; Dr. Gramshaw, Gravesend; Dr. J. Mason, Blyth; Dr. J. Ross; Mr. Sandiland, London; Mr. Newbould; Mr. J. Poland, London; Mr. Sturridge, Kendal; Mr. Harle; Mr. Godding, Inverkeithing; Mr. H. N. Davies, Bridgend; Mr. G. H. Darwin, Manchester; Dr. Kebbell, Hove; Mr. W. A. Ellis, London; Mr. Fernie, Macclesfield; Mr. E. A. Thompson, Kirkham; Mr. Bowen-Davies, Brynarlais; Dr. Neil Macleod, Stafford; Mr. Angell; Mr. Meadows, Hastings; Mr. T. S. Ellis, Gloucester; Mr. E. L. Freer, Birmingham; Mr. Godfrey, Mansfield; Dr. Haslam, London; Mr. R. R. H. Moore, Purandhar; Dr. Herringham, London; Dr. Ridge, Enfield; Dr. T. D. Acland, London; Dr. Wetherell, Barnsley; Mr. Pye-Smith, Sheffield; Mr. Palmer, Newbury; Mr. Dillon, Limerick; Mr. Feron, Egham; Mr. E. Daunt, Pierpoint; Dr. A. Gray, Dalton; Dr. C. F. Hutchinson, London; Mr. W. R. H. Stewart, London; Mr. Southern, Ludlow; Mr. Anwyl, Canterbury; Dr. Price, London; Dr. M'Clure, Cromer; Mr. Warner, Sheffield; Mr. Lawton, Poole; Mr. Trimmer, London; Mr. C. H. Welch, Brighton; Mr. A. R. Anderson, Nottingham; Mr. C. Vaughan, Brighton; Mr. E. Solly, London; Dr. J. A. Austin, Norwood; Dr. H. W. G. Mackenzie, London; Messrs. Hatton and Co., Ireland; Mr. A. Lewis, London; Mr. Sewill; Mr. Labaz, West Bromwich; Dr. Lyon, Yorks; Mr. Hughes, Holyhead; R. E. N.; Social Reformer; A. J., London; Mark, London; Matron, Portsmouth; Surdus; Thermo, London; Rotherham Hospital; Senex; Physician; Vaccinia; J. H. T.; H. M. D.; Labor.

LETTERS, *each with enclosure*, are also acknowledged from—Dr. Saul, Lancaster; Dr. Habershon, London; Mr. Lee, Notts; Messrs. Gale and Co., London; Messrs. Collingridge, London; Messrs. Burgoyne and Co., London; Dr. Adye, Bradford-on-Avon; Messrs. Pocock and Co., London; Dr. Croke, Hull; Mr. Jessett, London; Messrs. Byles and Son, Bradford; Mr. Montbrun, Trinidad; Messrs. Schweitzer and Co., London; Mr. Blumenthal, Glasgow; Messrs. Porteous and Co., Glasgow; Mr. Greenwood; Mr. Bschwege; Messrs. Farwig and Co., London; Mr. Browne, Westgate-on-Sea; Messrs. Bennion and Horne, Salop; Mr. Heywood, Manchester; Messrs. Thomson and Sons, Luton; Mr. White, Herts; Mr. Lyon, Notts; Messrs. Dewar and Sons, Perth; Miss D. Luttichau, Holloway; Messrs. Cassell and Co., London; Mr. Ballance, London; Mr. Walker, Bucks; Mr. Fry, Wateringbury; Mr. Hogan, Mountrath; Miss Cameron, Glasgow; Messrs. Johnston, Edinburgh; Dr. Williams, Cornwall; Mr. Roberts, Hants; Dr. Davies, Sherbourne; Mr. Blenkarne, Leicester; Mr. Shore, Crouch-hill; Mr. Rowley, Barnsley; Mr. Burnham, Hull; Mr. Walker, Harrogate; Mr. D'Orsey, London; Mrs. Ravenhill; Mr. Barton, Huddersfield; Mr. Waters, Liverpool; Mrs. P., London; S. W., Reading; Matron, Preston; Delta, Salisbury; Dr. J. A. A., London; Queen's Hospital, Birmingham; Locum, London; X. Y. Z., London; Queen Charlotte's Hospital; Mrs. R., Sheffield; F.R.C.P., London; Borough of Sheffield; X., Liverpool; J. C., London; Medicus, Herts; Essex and Colchester Hospital; Medicus, Birmingham; West Bromwich District Hospital; Alpha, Newcastle; M.D., London; East Suffolk Hospital; Disc, London; L. W., London; Genuine, London; Borough of Leeds; Nemo, Leeds; F.R.S., Leeds; Alif, London; Stockport Infirmary; Dr., London; Bacillus, London; Borough of Portsmouth Asylum; Beta, London; Chirurgus, London; St. John Ambulance Association, London; Iota, London; Carmine, London; Medicus, Margate; R. N., London; Mrs. J., Yorks; Specific, London; Court, London; B. C., London; C. P., Mon.; B. S. C., London; S. B., London; Medicus, Newport; House Surgeon, Sheffield.

Stroud News, Reading Mercury, California Farmer, Herald and Weekly Free Press, Dalton News, North Star, Mining Journal, Newcastle Daily Chronicle, The Englishman (Calcutta), Western Mail, Hertfordshire Mercury, East Anglican Daily Times, Surrey Advertiser, Braintree and Bocking Advertiser, &c., have been received.

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Books and Publications (seven lines and under)	£0 5 0
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Trade and Miscellaneous Advertisements	0 4 6
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Front Page per Line	0 1 0
Quarter Page	1 10 0
Half a Page	2 15 0
An Entire Page	5 5 0

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NOTICE.—Advertisers are requested to observe that it is contrary to the Postal Regulations to receive at Post Offices letters addressed to initials only.

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Advertisements (to ensure insertion the same week) should be delivered at the Office not later than Wednesday, accompanied by a remittance.

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